# ANEW AGEMDA

**LUNG HEALTH BEYOND 2015** 

FINAL PROGRAMME

THE 46TH UNION WORLD CONFERENCE ON LUNG HEALTH

CAPE TOWN, SOUTH AFRICA 2-6 DECEMBER 2015

www.worldlunghealth.org

The Union

International Union Against Tuberculosis and Lung Disease No other meeting provides as much information about how the science of pulmonary, critical care, and sleep medicine is changing clinical practice.

**EXPLORE THE LATEST.** More than 500 sessions, 800 speakers, and nearly 6,000 research abstracts and case reports in pulmonary, critical care, and sleep medicine are expected.

LEARN FROM THE BEST, MAKE
CONNECTIONS. International experts will
present the latest findings in your fields
in sessions and presentations. Dedicated
clinicians and researchers will exchange
ideas in a collegial environment.

LEARN IN MULTIPLE WAYS. Hands-on demonstrations, simulations, interactive sessions, and the award winning Exhibit Hall will keep you at the forefront of medicine.

RECERTIFY FASTER. For U.S. physicians, the ATS again plans to offer American Board of Internal Medicine Maintenance of Certification Knowledge Points and American Board of Pediatric MOC credits.

"The ATS International Conference is an amazing venue where you can interact with people you wouldn't otherwise meet."

MeiLan K. Han, MD, MS
 Associate Professor,
 University of Michigan
 Department of Internal
 Medicine

Early Registration
Opens in
December!



#### WELCOME TO THE 46TH UNION WORLD CONFERENCE ON LUNG HEALTH

Dear Colleagues,

We are pleased to invite you to attend the 46th Union World Conference on Lung Health, which will be held at the Cape Town International Convention Centre in Cape Town, South Africa on 2-6 December 2015.

The conference theme is "A New Agenda: Lung Health Beyond 2015". This theme reflects the changing landscape of global public health, and the new era of action that we will embark on together in the coming years.

When the World Conference convenes in Cape Town, the Millennium Development Goals era will be ending as a new development agenda takes hold, guided by the Sustainable Development Goals. The World Health Organization's new Global TB Strategy will be entering its first year of implementation, while the Stop TB Partnership's Global Plan to Stop TB will shift into its next phase.

And as the use of e-cigarettes becomes increasingly widespread, it will continue fundamentally transforming the tobacco control landscape.

The five-day scientific programme will address how these new agendas will influence the inter-related fights against tuberculosis, HIV, lung disease and noncommunicable diseases, as well as the global campaign for tobacco control. We will convene leaders from around the world and identify solutions for achieving success in the post-2015 era of global health and development.

We look forward to welcoming you to Cape Town.

Sincerely,

José Luis Castro

**Executive Director** 

José Luis Castes

Ms Stacie C Stender

Chair, Coordinating Committee

of Scientific Activities

CONFERENCE SECRETARIAT **International Union Against Tuberculosis** and Lung Disease (The Union)

68 boulevard Saint-Michel 75006 Paris. France

Tel: (+33) 1 44 32 03 60 Fax: (+33) 1 43 29 90 87 www.worldlunghealth.org CONFERENCE VENUE

**Cape Town International Convention Centre** Convention Square,

1 Lower Long Street Cape Town, 8001 South Africa Tel: +27 21 410 5000

www.cticc.co.za

#### SUNDAY-MONDAY, 29-30 NOVEMBER

20 2<sup>nd</sup> Global TB Summit



#### TUESDAY-THURSDAY, 1-3 DECEMBER

J2J Programme

#### WEDNESDAY, 2 DECEMBER

- 28 WHO Global Tuberculosis Symposium
- 30 Post-graduate courses
- 30 Workshops
- 38 Union administrative meetings
  - Membership Committee
  - · Board meeting (1)
  - · Coordinating Committee of Scientific Activities (CCSA)
  - Editorial board of *Public Health Action*
- 39 Side-meetings
  - · Tackling co-morbidities for optimal gain: TB, diabetes, NCDs
  - · Multisectoral action for global tobacco control: a collaborative response for lung health and NCDs
- 40 Imhizo
- 41 4th President's Centennial Dinner

#### THURSDAY, 3 DECEMBER

- 46 Inaugural session
- 47 Union Medal presentation
- 47 Welcome reception
- 48 Post-graduate courses
- 49 Workshops
- 62 Union administrative meetings
  - Editorial board of the *International Journal* of Tuberculosis and Lung Disease
  - Union Scientific Working Groups
- 63 Side-meetings
  - Stop TB Partnership New Diagnostics Working Group
  - 8<sup>th</sup> FIND symposium
- 65 Imbizo



#### FRIDAY, 4 DECEMBER

- 70 Plenary session I
- 71 Karel Styblo Public Health Prize presentation
- 72 Symposia
- 74 Oral abstract sessions
- 74 F-noster sessions
- 75 Poster discussion sessions
- 115 Union administrative meetings

  - Union Scientific Sub-Sections
  - Union Scientific Working Groups
  - · Union Regions
  - Union Scientific Sections
- 116 Student Networking Forum
- 116 Side-meetings
  - TB clinical trial data sharing platform
  - · Regional progress and opportunities in tobacco taxation
  - Fighting TB and diabetes in South Africa: treatment adherence for the missing million
  - Role of information communication technology to reach and ensure TB treatment adherence for the missing million
- 117 Imbizo
- 214 Sponsored satellite symposia

#### SATURDAY, 5 DECEMBER

- 122 Plenary session II
- 123 Union Scientific and Young Investigator Awards presentation
- 123 General assembly
- 124 Christmas Seals exhibit and Contest
- 125 Meet the expert sessions
- 126 Symposia
- 128 Oral abstract sessions
- 128 E-poster sessions
- 129 Poster discussion sessions
- 167 Union administrative meetings
  - · Union Scientific Sections
  - Union Regions
  - Union Inter-regional meeting
  - · Scientific programme committee (CCSA: Sub-group 2)
- 168 Side-meetings
  - · Resist-TB annual meeting
  - · Friends of Pakistan
- 169 Imbizo
- 221 Sponsored satellite symposium



#### SUNDAY, 6 DECEMBER

- 174 Plenary session III
- 174 Princess Chichibu Memorial TB Global Award presentation
- 175 Closing ceremony and reception
- 175 The Union/Otsuka Young Innovator in TB Research award presentation
- 176 Meet the expert sessions
- 177 Symposia
- 178 Oral abstract sessions
- 178 Short Oral Abstract Sessions
- 178 E-poster sessions
- 179 Poster discussion sessions
- 210 Union administrative meeting
  - · Board meeting (2)
- 211 Imbizo

#### GENERAL INFORMATION

- Welcome address
- 3 Online submission of sessions for 2016 World Conference
- 5 About The Union
- 6 Information for the media
- 6 Union TV:
  - a partnership with WebsEdge
- 7 NAPs TB educational material display
- CME credits 8 Information for presenters
  - · Preview room
  - · Poster desk
  - · Conference embargo policy
- 8 Abstract e-print zone
- General Information
  - · Cloakroom
  - · Coffee and refreshments
  - · First aid
  - Free WIFI
  - Internet area
  - Local transportation
  - · Social media
  - · Webcasts and web coverage
- 9 Social programme
- 4<sup>th</sup> President's Centennial Dinner

- Welcome reception
- Student networking forum
- Closing reception
- 9 Special events and exhibits
- Imbizo · Photography exhibitions
- 10 Registration
- Photography 11 Hotel accommodation
- 12 Map of conference venue
- 16 Schedule at a glance
- 222 Acknowledgements 222 Supporters
- 222 Partners
- 223 Exhibitors 225 Chairs/coordinators/speakers
- 229 Abstract reviewers
- 230 The Union offices
- 230 The Union Board of Directors
- 230 Coordinating Committee of Scientific Activities
- 231 Scientific section, sub-section and working group officers
- 231 World Conference history
- 232 The Union's global activities

OFFICIAL LANGUAGES The official language for

this conference is English.

Simultaneous translation

(English/French/English) will be available for the main sessions

(the plenary sessions and selected other sessions marked with  $\Omega$ ).



The Union has designated this conference as a NO SMOKING CONFERENCE. Participants are therefore reminded that no smoking will be permitted on the Conference premises or at Conference functions.

# ONLINE SUBMISSON OF SESSIONS FOR 2016 CONFERENCE

Online submission of symposia, workshops and post-graduate courses to be included in the scientific programme of the 47th Union World Conference on Lung Health will open in **mid-December 2015.** 

The conference will be held in Liverpool, United Kingdom, from 25 to 29 October 2016. The conference theme will be "Confronting Resistance: from fundamentals to innovations". We welcome your ideas for sessions relating to TB, HIV, tobacco control and adult and child lung health. We encourage submissions from members of civil society, as well as sessions about public health interventions, including community-based programmes.

**WHO:** Any interested person may submit a proposal for a session: Union membership is not required.

WHAT: All proposed sessions must be related to lung health.

HOW: Online submission is required via: http://
services.theunion.org. You are advised to read
both the guidelines and the descriptions of each
type of session before submitting your proposed
session. You must adhere to the word limit, as
the reviewers will only receive the text up to
the allotted amount. The maximum number of
characters allowed for each section, description,
target audience, etc. will be indicated in the
submission guidelines.

**WHEN:** Online submission will open in mid-December, and the deadline will be 1 February 2016.

The Union is committed to promoting patient-centred, non-stigmatising language in conference abstracts and presentations and therefore requests that you follow the guidance laid out in the Stop TB Partnership's publication, Suggested Language and Usage for Tuberculosis (TB) Care, Communications and Publications.

#### Tips for submitting a successful proposal:

- Please read the submission guidelines on the website carefully before developing or submitting your proposal.
- Submit early and avoid difficulties arising from last-minute submissions when website traffic is greatest and upload speed slowest.

#### The selection process:

- All proposed sessions will be reviewed by the Coordinating Committee of Scientific Activities.
- You will be notified of the outcome of your submission in **mid-March 2016.**

NOTE: This is not a call for abstracts. The call for abstract submissions for oral and poster presentations will open on 15 February 2016 and submissions will be due by 15 March 2016.

If you have any questions, please contact scientific@theunion.org.



International Union Against
Tuberculosis and Lung Disease

# FROM EVIDENCE TO PUBLIC HEALTH ACTION

Since our founding as a global scientific organisation in 1920, The Union has drawn from the best evidence and the skills, expertise and reach of our staff, consultants and membership in order to advance solutions to the most pressing public health challenges affecting people living in poverty around the world. We work with stakeholders across the globe from every sector, including governments, international agencies, civil society and the private sector.

# **OUR APPROACH**

**KNOW. SHARE. ACT.** These principles have driven The Union's work since its founding nearly 100 years ago.

## **KNOW**

We conduct research to provide evidence for public health policy and practice

 We conduct research, with emphasis on operational research and clinical trials.

## **SHARE**

We disseminate scientific knowledge to strengthen public health programmes.

- We serve as expert advisors to governments and other agencies seeking to improve public health.
- We disseminate scientific knowledge by publishing peer-reviewed journals, technical guides and other public health resources
- We offer training to the world's public health leaders, providing them with sound technical expertise, management skills and research capacity.
- We convene conferences and support a global network of members.

## **ACT**

We deliver services and conduct advocacy to safeguard people's health

- We deliver life-saving health services in areas of need.
- We manage technical projects that improve the effectiveness of the public health sector.
- We advocate for the policies and resources needed to safeguard the health of whole populations.

# **OUR IMPACT**

In 2014, The Union's 472 staff and consultants offered technical assistance, provided education and training and conducted research in 83 countries. In addition, Union members in 146 countries worked to fulfil our common vision of health solutions for the poor.

- Union research led to 134 papers in peer-reviewed journals this year
- The Union has helped introduce or strengthen life-saving tobacco control policies supporting smokefree laws, advertising bans, health warnings, higher tobacco taxes and the prevention of tobacco industry interference in 43 countries since 2007
- 2,157 people from 103 countries participated in 100 courses
- More than 21,000 HIV patients received antiretroviral therapy through The Union Office in Myanmar
- Union members were active in 146 countries in 2014
- Volunteers' efforts led to the treatment and diagnosis of more than 20,000 TB patients in hard-to-reach areas of India
- The Union provided technical assistance to 56 countries, hosted courses and conferences in 37 countries and conducted research in 43 countries



The International Management Development Programme provides training to healthcare professionals during a course on project management.



A tobacco control enforcement team in Punjab, India, remove illegal tobacco advertising.



A lab technician tests samples at STREAM clinical trial test site in Mongolia.

FIND OUT MORE, INCLUDING HOW TO BECOME A MEMBER OF THE UNION:



#### INFORMATION FOR THE MEDIA

#### PRESS REGISTRATION

All working journalists may request press credentials to attend the conference. Those who have not received credentials in advance should register onsite at the Press Desk in the main registration area.

All journalists should go to the Press Desk in the main registration area to pick up their conference bag and their press badge.

Journalists are welcome to attend all sessions except closed meetings.

#### **PRESS PACK**

The conference press pack may be downloaded from the website media centre: www.worldlunghealth.org. You will also receive these materials on a flash drive.

#### PRESS CENTRE

Registered journalists at the conference are invited to use the Press centre located in Rooms 1.71-1.74 on the Level I. There they will find a quiet place to work, with Internet access and resources such as a schedule of press-oriented events at the World Conference.

#### Press room hours:

Wednesday, 2 December through Sunday, 6 December, from 08:00 to 18:00

#### PRESS CONFERENCES

All press conferences will take place in Rooms MR 1.61-1.62 unless otherwise noted in the press pack.

#### EMBARGO POLICY FOR THE MEDIA

In the case of the 46th Union World Conference on Lung Health, as with most scientific/medical conferences, all conference abstracts are released to delegates and media under a strict embargo policy. A detailed breakdown of the embargo variations for different types of abstracts is shown below. All regular delegates, presenters and media are asked to respect this policy.

#### Oral abstracts and short oral abstracts

Information about the oral abstracts may not be published or presented before the start of the session at the  $46^{\rm th}$  World Conference in which the abstract is being presented.

#### E-poster and poster discussion abstracts

Information about the poster discussion and e-poster abstracts may not be published or presented before 12:30 on Friday, 4 December 2015.

#### Embargo breaks

As well as having access to the materials detailed above, the media is also given prior access to the speakers' slides. However, access is only granted to media onsite at the conference, and the same embargo rules apply — meaning the information in speaker slides cannot be referenced or published before the start of the presentation.

Breaking of the embargo policy by a reporter will lead to one or more of the following measures:

- Immediate suspension of the reporter's media conference credentials
- Immediate barring of the reporter from the meeting premises
- Removal of the reporter's name from The Union's Media Distribution List for two years
- No access to the 2016 World Conference

Any breaches in the embargo by media will be brought to the attention of the Media Embargo Committee. If you have questions, please contact communications@theunion.org.

#### UNION TV: A PARTNERSHIP WITH WEBSEDGE

The Union is partnering with the international film and broadcasting company, WebsEdge, to bring **Union TV** to the World Conference.

**Union TV** will be an onsite conference television channel featuring a new episode daily, screened around the convention centre, as well as in selected guest hotel rooms, online and via social media.

Each daily programme has two features: "Thought Leadership" and "Conference News." Thought Leadership pieces are five-minute sponsored film segments highlighting programmes and initiatives in the field. Conference News is a daily programme of conference highlights, featuring "behind-the-scenes" interviews, coverage of conference events and reactions to the day from delegates.

To access these programmes, please go to: YouTube: http://bit.ly/10VEWWo

Learn more about WebsEdge: www.websedge.com

TUESDAY, 1 DECEMBER 2015 - THURSDAY, 3 DECEMBER 2015 ► 09:00-17:00 ► ROOMS MR 1.63-1.64

### J2J JOURNALIST LUNG HEALTH TRAINING PROGRAMME

**MEETING TYPE:** Closed meeting

COORDINATORS:

Sandy Johnson, National Press Foundation (USA); Jo Waters,

The Union (France)

The National Press Foundation and The Union are offering the 7th annual J2J journalist training held in conjunction with The Union World Conference on Lung Health. This three-day intensive crash course on 1-3 December 2015 highlights what's new in tuberculosis research, as well as related lung health topics. J2J fellows will then go on to attend the World Conference through 6 December and post news stories throughout the week. This year's programme is supported by the Lilly MDR-TB Partnership and TB Alliance, as well as NPF and The Union.

## Nurses & Allied Professionals

## TB EDUCATIONAL MATERIAL DISPLAY /DISCUSSION



## JOIN IN A DISCUSSION OF TB EDUCATION AND TRAINING MATERIALS

Find out about the development and availability of TB education and training materials from a variety of programmes and organisations:

- Meet with the materials' developers
- Share your own TB education and training ideas
- The discussion will take place Sunday, 6 December 2015, 13:45–15:00, in Room 2.41–2–3

#### **DISPLAY YOUR TB MATERIALS**

Union members from the NAPs TB Sub-Section invite all conference delegates to bring copies of their patient and provider tuberculosis (TB) education and training materials for a display at the World Conference. Brochures, posters, fact sheets, training curricula, videos and more are all welcome. To display materials or if you have questions, please contact Linette McElroy thelearningrx@shaw.ca.

#### VISIT THE TB EDUCATION AND TRAINING MATERIALS DISPLAY

Learn about the latest TB education and training materials being used worldwide.

Join us in the Exhibition Area at Booth 13 and 14 during all Exhibition opening hours.

#### CME CREDITS



The 46<sup>th</sup> Union World Conference on Lung Health is accredited by the European Board for Accreditation in Pneumology (EBAP). The Union has been

accredited by EBAP to provide up to 27 CME credits for this conference.

Delegates will receive the CME application form together with their badge at the Registration Desk. This form should be duly filled in with information on the sessions attended, if delegates wish to be awarded CME credits. The form can be left at the Registration Desk or sent by mail to The Union Secretariat by 18 December 2015 (as attested by the postmark).

The Union has also applied for CME accreditation from the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (UEMS, www.eums.org). EACCME credits are recognised throughout Europe and can be exchanged for national CME credits by contacting your National Authority. The EACCME's decision will shortly be released.

#### **INFORMATION FOR PRESENTERS**

#### PREVIEW ROOM

All presentations will be uploaded via the Speakers Preview Room by technical staff, who will be at the disposal of presenters. Presenters must go to the Speakers Preview Room at least **two hours** before their session to upload and review their presentations. They should follow the guidelines sent by the conference secretariat prior to the conference. The Speakers Preview Room is located in the foyer at the main entrance of the conference centre.

#### The opening hours are:

Tuesday, 1 December: 14:00-19:00

Wednesday, 2 December through Saturday, 5 December: 07:00-19:00 Sunday, 6 December: 07:00-17:00

#### **POSTER DESK**

The poster desk will be located in the Poster Area in Hall 3. Staff will be present daily during the official opening hours to provide assistance.

**Set-up**: You may set up your poster as of 14:00 on Thursday, 3 December. If you are presenting on Friday, 4 December, please make sure that your abstract is posted before 12:30 at which time the session will start.

**Take-down:** All posters must be removed between 13:30 and 15:30 on Sunday. 6 December.

Important Note: Presenters are liable for their posters and are advised not to leave them unattended before they are set up. Posters should be set up on the assigned board in the poster area and not on any other board.

## CONFERENCE EMBARGO POLICY: INFORMATION FOR PRESENTERS

For the World Conference, as with most scientific/medical conferences, all conference abstracts are released to delegates and media under a strict embargo policy. A detailed breakdown of the embargo variations for different types of abstracts is available below. All regular delegates, presenters and media are asked to respect this policy.

#### Oral abstracts and short oral abstracts

Information about the oral abstracts may not be published or presented before the start of the session at the World Conference in which the abstract is being presented.

#### E-posters and poster discussion abstracts

Information about the e-posters and poster discussion abstracts may not be published or presented before 12:30 on Friday, 4 December 2015.

#### **Embargo breaks for presenters**

A committee will analyse potential cases of embargo break by presenters. These will be studied on a case-by-case basis and as an ultimate consequence it could lead to the abstract being withdrawn from the conference.

Authors may publish the fact that their abstract has been selected for World Conference, but may not publish the results of the study before the lifting of the embargo (as detailed above).

If you have any questions, please contact scientific@theunion.org

NUTES

#### **ABSTRACT E-PRINT ZONE**

The Abstract Book is available online only. It will be accessible during the conference in the Abstract E-print Zone and will be downloadable from the conference website after the conference. The Abstract E-print Zone is located in the Poster Area — Hall 3 and will be clearly indicated. Computers and printers are provided to enable you to access all conference abstracts and print out any pages that you need.

You can access the session(s) you need as follows:

- By day and session: Once you have identified the session you are interested in from the Final Programme, select the day and session number (or title) from the bookmark in the lefthand column.
- 2) You can drill through to a single abstract.
- 3) Search function: Alternatively, you can search for any session by session number or author using the Find function.

#### GENERAL INFORMATION

#### **CLOAKROOM**

A free cloakroom located in the conference venue will be at the disposal of registered delegates. Opening hours will be posted on-site.

#### **COFFEE AND REFRESHMENTS**

Kiosks offering a variety of selections and beverage stands with hot and cold drinks will be available in the Exhibition Area in Hall 4A. Delegates will be able to purchase drinks, snacks and lunch during breaks between sessions. No catering will be provided except at official social events, such as the Welcome and Closing Receptions.

#### **FIRST AID**

A medical service will be available during the conference. In case of emergency, the delegate will be transferred to the nearest hospital. Hospital expenses must be covered by delegates. All medical problems should be reported to the security staff or to the hosts/hostesses.

#### **FREE WIFI**

Delegates can benefit from free wifi access in the conference centre. Information on the login and password to access the free wifi will be posted on-site near the registration area. This information will also be on the back of your conference badge.

#### INTERNET AREA

An Internet Area providing computers for use by delegates is located in the Exhibition Area in Hall 4A.. Use of these computers is free of charge for all registered delegates. It will be open Wednesday, 2 December through Sunday, 6 December. The opening hours are the same as for the Exhibition Area. You are kindly requested not to exceed 15 minutes online so as to allow a maximum number of delegates to benefit from this service.

#### **LOCAL TRANSPORTATION & TOURS**

#### **To/from Cape Town International Airport**

Tourvest is providing shuttle service for conference delegates. The cost of the shuttle from the hotels to the airport is R175 (South African Rand) or €13.41 per person, per transfer. You may book your shuttle seat at the same time as you book your accommodation.

#### Transportation within Cape Town (Between hotels and CTICC)

Tourvest also offers a shuttle service for delegates staying in hotels on the official hotel list that are not within walking distance of the Cape Town International Convention Centre. The cost of this service is built into the accommodation price for these facilities.

**Day tours:** Delegates will be able to book day tours both before and after the conference at the same time as they book their accommodation and airport transfers. These tours are customised based on the requirements of conference delegates and will be booked on request at theunion@ tourvestdm.com or onsite during the conference.

#### **SOCIAL MEDIA**

Join us in tweeting about the conference and follow others' tweets at @UnionConference and @TheUnion\_TBLH,

Use hashtag #LungHealth and #wclh2015.

You can also find news and photos on our Facebook page, https://www.facebook.com/The.Union.World.Conferences.On.Lung.Health

#### **WEBCASTS & LIVESTREAMING**

Webcasts of the main sessions (plenary sessions, symposia and oral abstract presentations) will be available on the conference website: www.worldlunghealth.org

The following sessions will be livestreamed: inaugural, plenary and closing sessions.

You will also find daily photos and news about the conference at www.worldlunghealth.org and www.theunion.org

#### **SOCIAL PROGRAMME**

#### 4<sup>TH</sup> PRESIDENT'S CENTENNIAL DINNER

The President's Centennial Dinner has become a very popular feature of the World Conference. Now in its fourth year, this annual fundraising dinner for The Union's Centennial Campaign will be held on Wednesday, 2 December at the Cavalli Wine and Stud Farm in Somerset West near Cape Town. In this exquisite setting, campaign supporters will be able to visit Cavalli's art gallery and renowned indigenous plant gardens, taste wines from its vineyards and dine in its elegant restaurant. For more information, please contact centennial@theunion.org

#### **WELCOME RECEPTION**

The Union cordially invites all registered delegates and accompanying persons to the Inaugural Session on Thursday, 3 December at 17:00 in Auditorium I. A welcome reception will follow from 19:00 to 20:30 in the conference centre.

#### STUDENT NETWORKING FORUM

Young delegates are invited to the Student Networking Forum on Friday, 4 December from 18:00 to 19:00 in The Union Village (Exhibition Hall). This event follows on last year's popular forum, which brought together young delegates and Union experts to socialise and network. To find out more, please visit the Membership Stand in The Union Village.

#### **CLOSING CEREMONY AND RECEPTION**

A Closing Ceremony will be held on Sunday, 6 December from 15:15 to 16:15 in Auditorium I. It will feature a review of the highlights of the conference, including a rapporteur session. The ceremony will be followed by a reception to honour the Scientific Programme Committee members, session speakers, chairs and coordinators who have contributed so much to the success of the conference.

#### **SPECIAL EVENTS AND EXHIBITS**

#### IMBIZO: MY SPACE, YOUR SPACE AND OUR SPACE.

Imbizo is a vibrant space, located in Hall 4B, where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration throughout the conference. Imbizo — meaning a gathering, usually called by a traditional leader — will offer a range of sessions, displays, discussions and performances organised by community organisations and civil society. It is open to the public.

#### PHOTOGRAPHY EXHIBITIONS

Don't miss these two exhibitions: "Cured – a celebration of life after tuberculosis, MDR- and XDR-TB" – and "The fight for tobacco control: civil society's leading role in Latin America". Both feature photography by Javier Galeano and will be on display throughout the CTICC.

#### **REGISTRATION**

#### REGISTRATION FEES (ON-SITE RATES)

#### **CATEGORY**

OATEGORI	
Union member <sup>1</sup>	650 euros
Non-Union member	700 euros
Student (in training and under 35 years old) 2	350 euros
Nurse <sup>3</sup>	350 euros
South African delegate	250 euros
South African student/nurse 2,3	200 euros
One-day registration <sup>4</sup>	250 euros
Two-day registration 4	500 euros
Post-graduate course (Limit: 1 per day/2 max)	100 euros /each
Workshop only 5 (Limit: 1 per day/2 max)	100 euros /each
Accompanying person <sup>6</sup>	150 euros

The deadline for **online pre-registration is Monday, 30 November**. All registrations received after this date will be processed on-site at the on-site rates.

The deadline for **offline pre-registration is on Wednesday, 11 November.** All offline registrations received after this date will be processed on-site at the on-site rates.

**World Conference registration includes** participation in all scientific sessions, access to the technical exhibition area and scientific poster exhibition, an invitation to the Welcome Reception on Thursday, 3 December and the Closing Reception on Sunday, 6 December and the conference bag.

**The WHO Global Tuberculosis Symposium** on Wednesday, 2 December 2015 is open to all delegates. Please wear your badge to be allowed to access the room.

**Workshops/Postgraduate courses:** Delegates wishing to attend workshops or post-graduate courses will need to pre-register at the registration desk and will have to show their badge to access the workshop or course.

- Union members receive a 50€ discount on a full 5-day registration for the World Conference; please note this discount may not be combined with any other discounted fee (including the rates for nurses, students, local delegates, etc.). If you would like to join The Union, or renew your membership for 2015, please visit the website www.theunion.org. If you have questions, you may also contact The Union Membership team at membership@theunion.org.
- 2 Students: Those registering as students will need to show a valid student identification at the registration desk when they collect their registration pack at the conference. Note: The Union member discount may not be combined with any other discount.
- Nurses: Those registering as nurses will need to show a letter from their employer stating that they are employed as nurses when they collect their registration pack at the conference. Note: The Union member discount may not be combined with any other discount.
- One- and two-day registrations are only accepted for Friday, Saturday and Sunday, 4–6 December 2015.
- Workshops are free of charge for registered conference delegates. If you are not registered for the conference and wish to attend a workshop, you will be charged a 100 fee for each workshop. Enrolment is limited to one workshop per day.
- Registered accompanying persons are entitled to attend the Welcome and Closing Receptions, and they have access to the exhibition area. They are not permitted to attend scientific sessions.

#### **CONFERENCE REGISTRATION DESK**

The registration area is located in the Clivia and Jasminum Conservatory.

#### **Opening hours**

Tuesday, 1 December 2015: 14:00 - 18:00
Wednesday, 2 December 2015: 07:30 - 18:00
Thursday, 3 December 2015: 07:30 - 18:00
Friday, 4 December 2015: 07:00 - 18:00
Saturday, 5 December 2015: 07:30 - 18:00
Sunday, 6 December 2015: 07:30 - 16:00

#### **CONDITIONS OF PAYMENT**

All registration forms must be accompanied by the necessary payments (fees for registration, postgraduate courses, accompanying persons, etc). Registration will be processed only upon receipt of payment. Any bank fees charged must be borne by the participant.

#### **MEANS OF PAYMENT**

- International credit cards accepted:
   Visa, Eurocard, Mastercard or American Express
- Cash: Euros, US dollars, Rands
- Travellers cheques

#### **CANCELLATION CONDITIONS**

**As of 2 November 2015, no refunds will be given**. All cancellations prior to this date must be submitted to the Conference Secretariat in writing. All refunds will be made after the conference.

Please note that if your visa is refused because your visa application was made too late or was incomplete, your registration fee cannot be refunded.

#### TRANSFER OF REGISTRATION — CHANGE OF NAME

#### Cost - 80 €

All requests to transfer a registration from one person to another must be submitted to the Conference Secretariat in writing and are subject to an 80 € administration fee.

#### LOST BADGE Cost - 40 €

Please report lost badges immediately at the Registration Desk. Replacement badges will be issued upon presentation of ID and are subject to a 40 € administration fee.

#### CERTIFICATE OF ATTENDANCE

A certificate of attendance will be given to delegates upon collection of their registration badge at the registration desk.

Delegates wishing to include the title of the session they have attended or contributed to in their certificate of attendance should send their request to scientific@theunion.org after the conference.

#### **PHOTOGRAPHY**

As a registered delegate, you hereby authorise The Union's official photographer and videographer, as well as attending media, to photograph you within the framework of the 46th Union World Conference on Lung Health for subsequent use as Union internal and external promotional material.

**Press:** Credentialed press representatives will be taking photographs and videotaping portions of the conference.

**Other photography:** Delegates are entitled to take photographs of the conference for their own personal, educational and/or advocacy purposes. The Union will not be liable if delegates object to being photographed in these circumstances.

#### HOTEL ACCOMMODATION

#### HOTEL ACCOMMODATION

**Tourvest** has been appointed as the official housing bureau of the 46th Union World Conference on Lung Health and offers the opportunity to book accommodation in a selection of Cape Town's best hotels at negotiated rates.

Housing Bureau Secretariat Email: theunion@tourvestdm.com Tel: +27 11 676 3471/ 3378 Alt Number: +27 11 676 3000

Office Hours: 08h30 - 17h00 (GMT +2 hours)

#### PRICE RANGES (INCLUDING BREAKFAST)

Five-star: 318 – 165 euros Four-star: 249 – 91 euros Three-star: 156 – 64 euros

The complete list of hotels is available on the conference website at: http://capetown.worldlunghealth.org/travel/accommodation/list-of-hotels

When you have made your selection, you may book your accommodation on this website: http://www.eventsregistration.co.za/whl2015

Rates have been negotiated for the period of the conference (30 November–6 December 2015). Should your preferred arrival and/or departure dates not be within this period, please contact Tourvest to arrange additional nights at theunion@tourvestdm.com

Please read the guidelines and policies below before booking your hotel.

#### **TERMS AND CONDITIONS**

#### **Individual bookings**

While prices shown on the List of Hotels are in euros, transactions are conducted in South African Rands (ZAR), and amounts can fluctuate due to changes in the exchange rate. Bank charges will be passed on to delegates.

All accommodation rates quoted are per room/per night, including bed and breakfast. These rates include VAT at 14% and a Breakfast and the National Tourism levy of 1%. All extras charges incurred by delegates during their stay will be paid by them directly to the hotel.

All accommodation is booked on a first-come, first-served basis, subject to availability.

#### **Group bookings**

For group bookings different conditions apply. Please send an email to theunion@tourvestdm.com stating the number of rooms, category and preferred location, and you will receive a list of options suitable to your requirements.

#### **Payment**

Bookings made after 24 August 2015 must be paid in full at the time the booking is made.

All amounts are payable in South African Rands and payment made in foreign currency will be at the prevailing exchange rate applied by Housing Bureau's bankers from time to time. To estimate the currency exchange rate, go to http://www.xe.com

Cancellations, changes and no-shows for individual bookings

- After 24 August, the cancellation fee is 100% of the full payment for the booking. (there is no refund.)
  - "No shows" are subject to a 100% cancellation fee (no refund).
- Late arrivals and early departures will not be credited; the full fee for booked nights will be charged (no refund for unused accommodations).
- If the event is cancelled due to "force majeure" which takes place on or after 24 August, no refunds will be given for accommodation.

Please note that all booking changes, including cancellations, must be made by writing to theunion@tourvestdm.com not to your hotel.

TES	

#### WHERE TO FIND

#### **WESTIN HOTEL**

Please note that some sessions will be held in the following rooms at the Westin Hotel: Sir Francis Drake, Marco Polo, Bartholomew Diaz and Vasco Da Gama Rooms, as well as Westin Ballrooms East and West, all on the Old Harbour Level (level -1).

To access the Westin, exit the CTICC and cross the Convention Square.

#### CAPE TOWN INTERNATIONAL CONVENTION CENTRE

#### LEVEL 0

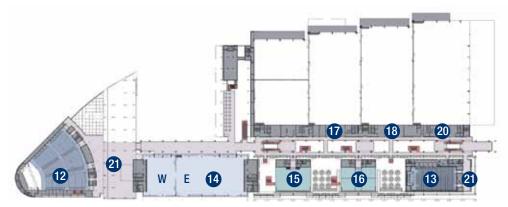
- Exhibition Hall 3: Poster Area
- 2 Exhibition Hall 4A: Exhibition Area, Refreshments, Internet Area
- 3 Exhibition Hall 4B: Imbizo (Community space)
- Speakers Preview Room
- 6 Registration Area
- 6 Business Centre and Coffee Shop
- Convention Square and Entrance
- 8 Westin Hotel (see details below)
- Main Foyer
- Gallery Walkway
- Marimba Restaurant

# 

LEVEL 0

#### LEVEL 1

- Auditorium I
- Auditorium II
- Ballroom East-CTICC and West-CTICC
- **(5)** Room MR 1.40 (1.41-1.44)
- 16 Room MR 1.60 (1.61-1.64)
- Meeting Suites 1.50
- Meeting Suites 1.70: Press Centre
- 20 Meeting Suites 1.90
- 2 Auditorium Foyer



LEVEL 1

#### LEVEL 2

- 22 Room MR 2.40 (2.41-2.46)
- **8** Room MR 2.60 (2.61-2.66)
- Outside Terrace



LEVEL 2

# **Careers with The Union**

Explore the world of opportunities waiting for you at The Union.

#### WHO WE ARE

Since our founding as a global scientific organisation in 1920, The Union has drawn from the best evidence and the skills, expertise and reach of our staff, consultants and membership in order to advance solutions to the most pressing public health challenges affecting people living in poverty around the world.

#### WHAT WE DO

Our team of 472 staff and consultants offered technical assistance, conducted research and provided training in 83 countries last year – and we are expanding.



We are seeking talented, dedicated professionals to join us at our Paris headquarters and regional and country offices in China, DR Congo, India, Mexico, Myanmar, Peru, Singapore, Uganda, the UK, the USA and Zimbabwe. The principal areas of work are:

- TB/MDR-TB/childhood TB and clinical & operational management
- TB-HIV clinical & programmatic management
- Tobacco control policy development
- Laboratory skills
- Pharmacy/pharmacology

- Health programme management
- Health systems strengthening
- Operational research
- Clinical trials management
- Training and capacity building
- Advocacy and empowerment

#### AS PART OF THE UNION TEAM, YOU WILL

- Work in a world-renowned scientific organisation
- Receive tailored induction, training and mentoring
- Collaborate with leading experts
- Experience working in the field
- Help fulfil our vision: Health solutions for the poor









## VISIT THE UNION CAREERS STAND IN THE UNION VILLAGE IN HALL 4

Learn about opportunities, talk to Union experts and upload your resume.

You may also go to **theunion.org/get-involved/careers** to create a personal profile and application account. If you have questions, please write to **hr@theunion.org** 

# Union Conferences around the world

2016

## **UNITED STATES OF AMERICA**

Joint 20<sup>th</sup> Conference of The Union North America Region and the National TB Controllers Association

24-27 February 2016 Sheraton Downtown Hotel - Denver, Colorado (USA) EMAIL: tbconference@bc.lung.ca

#### **SLOVAKIA**

#### 7<sup>th</sup> Conference of The Union Europe Region

22-24 June 2016

New Building of the National Theatre - Bratislava, Slovakia

THEME: Know-Share-Act in the fight against TB and lung diseases

COORDINATING ORGANISATIONS: Slovak Medical Association, Slovak pneumological and
ftiseological association of the Slovak Medical Association

WEBSITE: http://www.unionconference2016bratislava.org/

#### **NEPAL**

#### 3rd Conference of The Union South-East Asia Region

June 2016 Kathmandu, Nepal Further details to come

#### UNITED KINGDOM

### 47th Union World Conference on Lung Health

25-29 October 2016
ACC Liverpool
Liverpool, United Kingdom
CONFERENCE THEME: Confronting resistance: fundamentals to innovations

**Coming in** 

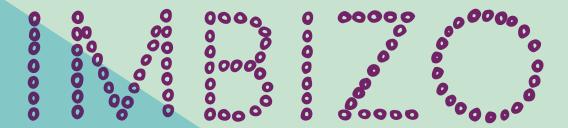
2017

### **JAPAN**

## 6th Conference of The Union Asia Pacific Region

22-25 March 2017 Tokyo International Forum Tokyo, Japan

COORDINATING ORGANIATION: Japan Anti-Tuberculosis Association Further details to come



## My space, your space, and our space

## 2-6 December 2015. Hall 4B, CTICC

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

Imbizo is a collaboration of
The Union and the community
committee, formed of representatives
from TB/HIV Care Association, TAC,
TB Proof, Sonke Gender Justice, WC DoH,
Living Hope, Kick TB/HIV and AERAS.

#### Activities will include:

- High-level update from Mark Dybul, Executive Director of the Global Fund.
- An Imbizo march, departing from the CTICC at 10:00 on Thursday, 3 December.
- Nine symposia and an oral abstract session covering a wide range of topics including MDR-TB, advocacy, human rights, HIV and TB in prisons.
- Three workshops, open to everyone focusing on ways to address stigma and how to engage and integrate communities in civil society organisation and NGO work.
- Kick TB & HIV football pitch.
- On-site mural painting coordinated by the TB Alliance highlighting paediatric TB.
- Photograph exhibition of miners with silicosis and their caregivers.

#### WEDNESDAY, 2 DECEMBER 2015

10:00-18:00	GLOBAL TB SYMPOSIUM organised by the World Health Organization (WHO) ► AUDITORIUM I						
09:00-16:00	POST-GRADUATE COURSES & WORKSHOPS						
09:00-16:00	IMBIZO ► HALL 4B						
11:15-12:30	Tackling co-morbidities for optimal gain: tuberculosis, diabetes and NCDs ▶ BALLROOM EAST - CTICC						
14:15-15:30	Multisectoral action for global tobacco control: a collaborative response for lung health NCDs ▶ BALLROOM EAST - CTICC						

#### THURSDAY, 3 DECEMBER 2015

IIIOKO	DA7, O DECEMB	LK LOIO								
09:00-16:00	POST-GRADUATE	COURSES & WORK		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • •		• • • • • • • • • • •	
09:00-12:30	NEW DIAGNOSTIC	S WORKING GROUP	ANNUAL MEETING •	NOOF TERRAC	E					
09:30-18:30	IMBIZO ► HAL	MBIZO ► HALL 4B								
13:30-17:00	8TH FIND SYMPO	BTH FIND SYMPOSIUM ▶ ROOF TERRACE								
ROOM	AUDITORIUM I	BALLROOM EAST -CTICC	ROOF TERRACE	AUDITORIUM II	BALLROOM WEST - CTICC	MR 1.41	MR 1.42	MR 1.43	MR 1.44	
16:15 - 17:15		Best practice for patient-centred care		TB control in prisons	Getting research into tobacco control policy at regional and country level	Regional mobilisation of Nurses & Allied Professionals	TB education and training		TB, HIV and tobacco	
17:30 - 19:00	INAUGURAL SESS	SION > AUDITOR	IUM I 🙃							
19:00 - 20:30	WELCOME RECEI	PTION								

#### EDIDAY & DECEMBED 2015

ROOM	AUDITORIUM I	BALLROOM EAST -CTICC	ROOF TERRACE	AUDITORIUM II	BALLROOM WEST - CTICC	MR 1.41	MR 1.42	MR 1.43	MR 1.44	
07:30-8:45			Satellite			I.	I.			
08:00-08:50		TB/Bacteriology & Immunology (sub-section)	. symposium-01	Zoonotic TB (sub-section)	TB/Nurses & Allied Professionals (sub-section)					
09:00-10:00	PLENARY SESSIO	N 1 ► AUDITOF	RIUM I 🙃							
10:00-10:30	Coffee break									
10:00- 12:30	TB CLINICAL TRIA	L DATA SHARING F	PLATFORM ► MR 1.63	3-1.64		10:00-13:00				
10:30-12:00	O1. Bending South Africa's TB curve: game changing interventions to attain a future of «Zeros»	o 02. Best practice in management of side effects among DR-TB patients to improve quality of care	03. Pre-approval access to new TB drugs: what, where and how	01. Symptoms, sputa, sequences: TB diagnosis and resistance	04. Outstanding issues in HIV/ AIDS	Regional progress and opportunities in tobacco taxation				
12:00-12:30	Break							12:00-14:00	diabataa in	
12:30-13:30	POSTER DISCUSS ► POSTER ARE		01 to 25) & E-POSTER S	SESSIONS (n° 01 to	05)			Fighting TB and South Africa	Jiadeles III	
13:30-15:00	06. MDR-TB: trials, cohorts and predictors	O7. Many paths to the same END TB strategy	08. Maternal and infant TB: advancing our understanding of pathogenesis, treatment and prevention	08. The molecular basis of PZA resistance: from bench to bedside	09. HIV and lung health					
15:00-15:30	Coffee break							15:00-17:30		
15:30-17:00	15. TB/HIV epidemiology within the context of national TB prevalence surveys in Africa	16. Scaling up MDR-TB services in resource-limited settings: progress and challenges from the field	17. Maximising opportunities for integrating TB services into maternal and child health programmes	18. 5 years of Xpert MTB/RIF implementation: lessons learnt for increasing the impact of future new diagnostics	19. Quality laboratory services and the impact on patient care			Role of information communication technology to reach and ensure treatment adherence to the Missing Millions		
17:30-18:45			Satellite symposium-05							

## **SCHEDULE AT A GLANCE 2015**

Post-Graduate Courses & Workshops

Sponsored Satellite Symposia

Symposia

Working Group Meetings
Sub-section Meetings

Side-Meetings

Section Meetings
Plenary Sessions

Oral Abstract Sessions

Poster Discussion Sessions

Short Oral Abstract Sessions

Meet the Expert
Region Meetings

Imbizo

Simultaneous English/French/English translation is provided for sessions marked with  $\Omega$ . Une traduction simultanée anglais/français/anglais est assurée pour les symposiums marqués par ce symbole  $\Omega$ .

MR 2.41-2.43	MR 2.44-2.46	MR 2.61-2.63	MR 2.64-2.66	BALLROOM EAST - WESTIN	BALLROOM WEST - WESTIN	DA GAMA/ DIAZ - WESTIN	MARCO POLO - WESTIN	SIR F. DRAKE - WESTIN	IMBIZO HALL
TB infection control	TB and mental health	Maternal child TB	Creating global awareness of zoonotic TB	TB and migration					

MR 2.41-2.43		MR 2.61-2.63	MR 2.64-2.66	BALLROOM EAST - WESTIN	BALLROOM WEST - WESTIN	DA GAMA/ DIAZ - WESTIN	MARCO POLO - WESTIN	SIR F. DRAKE - WESTIN	IMBIZO HALL 4B
	Satellite symposium-02			Satellite symposium-13	Satellite symposium-03	Satellite symposium-04			
Childhood TB			Countering tobacco industry interference in public health				Global indigenous Stop TB initiative	Asthma management in low- and middle-income countries	08:00-18:00 Imbizo
05. Zoonotic FB session - Trends, diagnostics and nfections model	06. One pilot after another: how can we move towards sustainable scale-up of child lung health interventions?	02. Around the world vulnerability takes many forms	03. Placing the patient at the centre of care	04. Law enforcement and awareness	05. Financing TB services	07. Role of surgery in management of TB: a promise or redundancy?			
			,						
12:15-13:15 Africa Region	12:15-13:15 Latin America Region	12:15-13:15 South East Asia Region	12:15-13:15 Europe Region						
D9. Costing TB and lung health interventions: methodologies and implica- tions on health systems and patients	10. Research needs to increase children's access to drug-resistant TB care	11. TB surveillance in healthcare workers: challenges and approaches in high-burden, low-resource settings	12. Managing pharmaco-vigilance systems: optimizing the rational use of new TB medicines and novel regimens	13. Can mobile technology improve lung health in poorer countries and communities: benefits and opportunities	14. Spelunking for treasure: searching for candidate biomarkers as prognostic indicators for treatment outcome	10. Using media for communication on TB			
			1	1					
20. An unaddressed health disparity of B in prisons: applying End TB strategy concepts of patient-centred care	21. TB contact management in children: closing policy- implementation gaps	22. A community-based approach to reaching the missing «3» million	23. Moving towards universal access to DST: progresses and challenges	24. Why and how to use tobacco taxes as funding mechanisms for financing health in LMICs	25. Can tuberculosis immunisation prevent initial infection (not just disease complications)?	26. WHO/ERS initiative on e/ mHealth in tuberculosis and tobacco control			
Satellite symposium-06	Satellite symposium-07	Satellite symposium-08	Satellite symposium-09	Satellite symposium-10	Satellite symposium-11	17:15-18:45 Tuberculosis (section)	17:15-18:45 Adult and Child Lung Health		18:00-19:00 HALL 4 Student

#### SATURDAY, 5 DECEMBER 2015

AUDITORIUM I	BALLROOM EAST -CTICC	ROOF TERRACE	AUDITORIUM II	BALLROOM WEST - CTICC	MR 1.41	MR 1.42	MR 1.43	MR 1.44
			07:45-09:00 HIV (section)		08:00-09:00 RESIST-TB Annua	Il Meeting		
DI ENIADV SESSIC	M 2 NUDITOR	IIIM I O						
	M Z P AUDITOR	IOM I V						
11. Improving TB treatment outcomes	12. MDR- TB: impacts of detection and early treatment	13. Latent TB infection in high- and low-burden settings	14. From specimens to outcome: new information for molecular diagnosis	27. Building on emerging knowledge to develop novel regimens for paediatric drug- resistant TB	Friends of Pakista	an		
Break							<u> </u>	
POSTER DISCUSS	SION SESSIONS (n°	26 to 49) & E-POSTER	SESSIONS (n° 05 t	to 10) - POSTER	R AREA HALL 3			
16. From bench to treatment	A complex disease requiring a comprehensive health system response	17. TB & NCD co- morbidity	35. Controversies and critical issues in clinical trial design for TB	36. Innovations to improve the TB/HIV patient experience: from diagnosis to treatment	63. Zoonotic TB session II: what do humans, baboons and livestock have in common?		14:00-15:30 Inter-regional m	eeting
Coffee break				,				
41. Late- breaker session (TB)	research and communities: ethical and practical considerations	43. Country experiences: enablers for community-based multidrug-resistant tuberculosis	44. Achieving quality Xpert MTB/RIF use for rapid case detection	45. Finding better treatments sooner: innovations in clinical trials for				
	PLENARY SESSIO Coffee break  11. Improving TB treatment outcomes  Break  POSTER DISCUSS  16. From bench to treatment  Coffee break  41. Late- breaker session	PLENARY SESSION 2 ► AUDITOR  Coffee break	PLENARY SESSION 2 AUDITORIUM I  Coffee break  11. Improving TB treatment outcomes  Break  POSTER DISCUSSION SESSIONS (n° 26 to 49) & E-POSTER  16. From bench to treatment  Coffee break  17. TB & NCD comorbidity  17. TB & NCD comorbidity  18. TB: Treatment  Coffee break  19. 42. TB research and communities: enablers for community-based	PLENARY SESSION 2 ➤ AUDITORIUM I  Coffee break  11. Improving TB treatment outcomes  Poster Discussion Sessions (n° 26 to 49) & E-Poster Sessions (n° 05 treatment or treatme	PLENARY SESSION 2 ► AUDITORIUM I	PLENARY SESSION 2 ➤ AUDITORIUM I	PLENARY SESSION 2 ➤ AUDITORIUM I	PLENARY SESSION 2 ➤ AUDITORIUM I  Offee break  11. Improving and low-burden settings  Poster Discussion Sessions (n° 26 to 49) & E-POSTER SESSIONS (n° 05 to 10) ➤ POSTER AREA HALL 3  Poster Discussion Session II: what do humans, habons and livestock disease requiring a comprehensive health system response  Coffee break  POSTER DISCUSSION SESSIONS (n° 26 to 49) & E-POSTER SESSIONS (n° 05 to 10) ➤ POSTER AREA HALL 3  AUDITORIUM II WEST - CTICC MR 1.41 MR 1.42 MR 1.43 MR 1.42 MR 1.43 MR 1.44 MR 1.44 MR 1.45

#### SUNDAY, 6 DECEMBER 2015

ROOM	AUDITORIUM I	BALLROOM EAST -CTICC	ROOF TERRACE	AUDITORIUM II	BALLROOM WEST - CTICC	MR 1.41	MR 1.42	MR 1.43	MR 1.44	
08:00-8:50										
09:00-10:00	PLENARY SESSIO	N 3 ► AUDITOR	IUM I 🙃							
10:00-10:30	Coffee break									
10:30-12:00	753. Fighting TB in the post-2015 era: paradigm shift in strategies and plans to put an end to TB	21. TB epidemiology: post and future insights into case finding, drug resistance and mortality	01. Across the spectrum of TB management	02. How to reach the END of TB	03. HIV and TB: snapshots					
12:15-13:15	POSTER DISCUSS	ION SESSIONS (n°	50 to 73) & E-POSTER	SESSIONS (n° 11 t	to 15) > POSTER	R AREA - HALL 3				
13:30-15:00	59. Late-breaker session (HIV/TB)	60. Moving past clinic-based care: practical steps to improve TB care through community engagement	61. Progress in clinical trials for TB treatment: 2015	62. Innovative approach to improving access and quality of care for DR TB: implementing the ECHO telehealth model	22. The nature of the beast: emerging molecular information about mycobacteria					

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	MR 2.41-2.43	MR 2.44-2.46	MR 2.61-2.63	MR 2.64-2.66	BALLROOM EAST - WESTIN	BALLROOM WEST - WESTIN	DA GAMA/ DIAZ - WESTIN	MARCO POLO - WESTIN	SIR F. DRAKE - WESTIN	IMBIZO HALL 4B
	08:00-8:50 01. Meet the Expert Peter Donald (South Africa)	08:00-8:50 02. Meet the Expert Robin Wood (South Africa), Stephen Lawn (UK)	08:00-8:50 03. Meet the Expert Mark Hatherill (South Africa)	08:00-8:50 04. Meet the Expert TBC	08:00-8:50 05. Meet the Expert Khaya Mlandu (South Africa)					
										09:00-17:30 Imbizo
	28. End TB, end MDR TB	29. Pneumonia in children and adults beyond 2015	30. Eliminating the burden of Indigenous TB	31. High burden, neglected patients: addressing the intersection of tuberculosis and mental disorders and mental disorders	32. Does MPOWER empower women?	33. Modelling to support TB control policy in the era of the End TB strategy	15. When waves trump paper: the triumph of e-technology			
		12:15-13:15	12:15-13:15	12:15-13:15					12:00-13:30	
		Asia Pacific Region	North America Region	Middle East Region					Tobacco Control (section)	
	37. Inhaled therapies for tuberculosis	18. Paediatric TB: diagnosis prevention and best practice	38. Affordable solutions to indoor air pollution for a third of humanity	39. Taking stock of TB epidemiological assessments: experience, lessons learnt and the way forward	19. Tobacco: economics and illicit trade	40. Reinforcing research for TB elimination at country level: the experience of path-finding countries	20. IAP, pneumonia, asthma and chronic lung disease			
	46. Commu-	47. Getting	48. Beyond	49. Sanatoria:	50. Smokeless	51. e/	52. Developing			
	nity systems strengthening: building the evidence for impact	patients treated for latent TB infection (LTBI) is TB prevention	accelerated drug develop- ment building successful partnerships and platform: critical path & PreDiCT-TB	back to the future?	tobacco: a silent killer	mHealth as a transformational tool in TB control in high-burden countries	a rights-based approach to prevention and treatment of tuberculosis			
			17:30-18:45 Satellite symposium-12							
			Symposium 12							
• • • •	MR 2.41-2.43	MR 2.44-2.46	MR 2.61-2.63	MR 2.64-2.66	BALLROOM EAST- WESTIN	BALLROOM WEST - WESTIN	DA GAMA/ DIAZ - WESTIN	MARCO POLO - WESTIN	SIR F. DRAKE - WESTIN	IMBIZO HALL 4B
		06. Meet the Expert Muyabala Munachitombwe (Swaziland), Evaline Kibuchi (Kenya)	07. Meet the Expert Virginia Lipke (Switzerland), Max Meis (Netherlands)	08. Meet the Expert Grant Theron (South Africa)						
										09:00-17:15 Imbizo
	04. TB epidemiology: from Malawi to Taiwan	54. Critical updates on the treatment of TB/ HIV co-infected children	55. Why are DR-TB patients lost by TB programs? Patients' perspective on how to address DR TB treatment adherence	05. Training for the fight against TB	56. Tobacco products, gender, inequalities	57. The role of cost- effectiveness in achieving the End TB Strategy	58. Universal health coverage and insurance: how TB fits into the health financing picture			
	13:45-15:00 TB education and training materials discussion session	23. Paediatric TB including MDR	24. The wide swath of vulnerable populations	25. Engagement of CSOs, communities and patients in TB management and control	64. TB contact investigation in high risk populations: innovative approaches and implementation experiences	65. The XDR experience: clinician and patient perspectives on treatment and care	26. Lung health: pneumonia, COPD, asthma and CF			



## THE SECOND GLOBAL TB SUMMIT

## 29 - 30 NOVEMBER 2015 CAPE TOWN, SOUTH AFRICA

Over 600 signatories from nearly 100 countries have signed the Barcelona Declaration

The Second Global TB Summit will bring elected parliamentarians from more than 35 countries across the world to Cape Town on the eve of the 46th Union World Conference on Lung Health. The two-day meeting will build on the work begun last year to establish a globe-spanning network of parliamentarians to galvinise political will to fight tuberculosis.

The inaugural summit was inspired by a meeting between Nick Herbert MP, co-chairman of the UK All Party Parliamentary Group on TB (APPG on TB), and José Luis Castro, Executive Director of The Union, who agreed to collaborate on organising the first Global Summit on TB in more than 100 years.

Held in Barcelona, Spain in conjunction with the 45th Union World Conference on Lung Health, the Summit was attended by MPs

from seven different countries. It culminated in the formation of the Global TB Caucus and the signing of the Barcelona Declaration, a powerful call to action for political leadership to secure an end to the tuberculosis epidemic within a generation.

Over the past year, support for the Declaration has grown from the original signatories to include representatives from close to 100 countries. The Global TB Summit in Cape Town will bring together political representatives from more than 35 countries across the world.

The second Summit is also co-organised by The Union and the UK APPG on TB and will be co-chaired by Dr Aaron Motsoaledi, Minister of Health for South Africa and Chair of the Stop TB Partnership, and the Rt Hon Nick Herbert, MP and co-chair of the UK APPG on TB.

#### TAKE ACTION TO EXPAND THE GLOBAL TB CAUCUS

Broad support is essential to meeting the goals of the Global TB Caucus. Both individuals and organisations can help build government support.

Please go to the Global TB Caucus website, download a copy of the Barcelona Declaration and encourage your local political representative to sign.

globaltbcaucus.org

## **The Barcelona Declaration**

We, the undersigned, as political representatives of various peoples of the world, recognising that every man, woman and child should be able to live their lives free from the tyranny of disease, HEREBY DECLARE:

- 1. That tuberculosis (TB) has killed a greater number of people than any other infectious disease in human history and continues to be responsible for 1.5 million deaths a year, often affecting the most vulnerable, and that it should be a global political priority.
- 2. That the current rate of progress in combatting TB is too slow, such that the disease will remain a threat to the social and economic wellbeing of millions of citizens around the world for centuries to come, and that accelerating progress against the disease should be recognised by all governments to be in the interests of all.
- 3. That drug-resistant TB demonstrates a collective failure to address the disease properly, imposing an often unbearable burden of treatment on patients and threatening to set back progress against the disease at the grave cost of millions of lives, and that it should be the focus for urgent action.
- 4. That the current drugs for TB treatment are inadequate, that vaccines and diagnostics are insufficient, and that the commercial market for pharmaceutical development has failed TB patients.
- 5. That TB imposes on patients a triple burden, combining the devastating health impact of the disease itself, the harsh burden of treatment, and the isolation of social exclusion driven by stigma and fear, and that these problems should be be addressed holistically by national health programmes.
- 6. That TB co-infections such as HIV and diabetes compound the challenges faced by patients during treatment, hindering efforts to reduce rates of disease and increasing the mortality and morbidity associated with TB, and that healthcare systems should integrate programmes for key co-infections.

We therefore commit to use all the means at our disposal to urge sustained action from our governments, to secure the necessary international and domestic resources to combat TB, and to press for the prioritisation of the disease on political agendas, specifically:

- 7. To demand that every patient, regardless of who they are, where they live, or their ability to pay, shall have access to quick, accurate diagnosis and high quality treatment, and that TB diagnosis and treatment never result in the impoverishment of patients or their families.
- 8. To call for a model of research and development that is driven by public health need and will support and enhance existing pipelines of desperately needed new drugs, diagnostics and vaccines, to ensure that new treatments are accessible and affordable for the patients who need them.
- 9. To insist that patients and vulnerable groups are placed at the heart of the response to the disease, supporting the engagement of communities and civil society groups in every aspect of TB prevention, detection, and treatment, puncturing stigma and giving patients a stronger voice in the response to the epidemic.

And to this effect WE HEREBY AGREE to establish a new global parliamentary caucus to press for a more effective response to the TB epidemic, working with official organisations including the World Health Organisation, UNITAID, the Global Fund, the Stop TB Partnership, the Union and UNAIDS, and with non-governmental organisations across the world, reaching across political and geographical divides and seeking to build commitment in our own countries and beyond, to secure an end to the TB epidemic within a generation.



### THE CENTENNIAL CAMPAIGN

For 95 years, The Union has drawn from the best scientific evidence and expertise to advance solutions to public health challenges affecting people living in poverty. As we approach our 100 year anniversary as a global organisation, we look back on our history and commemorate the many advances we have made against tuberculosis, HIV/AIDS, illnesses caused by tobacco use, and the diseases that too often target the world's most vulnerable people.

We have come far, but our work is not over.

We must continue to find new ways to overcome these devastating challenges. The Centennial Campaign is raising funds to support our next century of global impact.

These principles have driven The Union's work since its founding nearly 100 years ago:

### KNOW

We conduct research to provide evidence for health policy and practice.

## **SHARE**

We disseminate scientific knowledge to strengthen public health programmes.

#### ACT

We deliver services and conduct advocacy to safeguard people's health.

TO FIND OUT MORE AND TO SUPPORT THE CENTENNIAL CAMPAIGN:

CENTENNIAL CAMPAIGN.ORG

## PLENARY SESSIONS OVERVIEW

INAUGURAL SESSION ► THURSDAY 3 DECEMBER ► 17:30-19:00 ► AUDITORIUM I • (1)

CHAIRS: E Jane Carter (USA), Stacie C Stender (South Africa)



#### WELCOME TO THE 46TH UNION WORLD CONFERENCE OF LUNG HEALTH

< E Jane Carter, President of The Union (USA)

#### INAUGURAL LECTURE: TURNING THE TIDE AGAINST LUNG DISEASE IN SOUTH AFRICA

KEYNOTE SPEAKER: Mr Matamela Cyril Ramaphosa, Deputy President, South Africa (South Africa)



#### OVERCOMING TB/HIV TO LIVE AN EMPOWERED LIFE: A TESTIMONIAL

< SPEAKER: Juliet Nalumu, mother2mothers (Uganda)

PLENARY SESSION I ► FRIDAY, 4 DECEMBER ► 09:00-10:00 ► AUDITORIUM I

MODERATOR: Meera Senthilingam (UK)

PANEL DISCUSSION:

THE STATE OF TB AND HIV
ON THE 27TH ANNIVERSARY OF WORLD AIDS DAY

SPEAKERS:



**Mark Dybul**, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria, (Switzerland)



**Michel Sidibe**, Executive Director, UNAIDS Executive Director (Switzerland)



**Linda-Gail Bekker**, President Elect, International AIDS Society (South Africa)



**Constance Manwa**, TB survivor from a Union project (Zimbabwe)

CHAIRS: Aaron Oxley (UK), Stacie C Stender (South Africa)



#### DRUG RESISTANCE AND THE CONTRIBUTION OF ZOONOTIC TB

< SPEAKER: Paul van Helden, Director of Stellenbosch University's Medical Research Centre (South Africa)



## UBUNTU AND RESEARCH INVOLVING COMMUNITIES WITH A HIGH BURDEN OF TB

< SPEAKER: Nicholas Bhengu, presides over Uniting Presbyterian Church in Pietermaritzburg (South Africa)

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## DEFEATING XDR-TB, DISABILITY AND STIGMA: AN ORDINARY CALL FOR EXTRAORDINARY MEASURES

< SPEAKER: Phumeza Tisile, XDR-TB survivor and activist (South Africa)

#### PLENARY III ► SUNDAY, 6 DECEMBER ► 09:00-10:00 ► AUDITORIUM I • O

MODERATOR: Yussuf Saloojee (South Africa), José Luis Castro (France)

PANEL DISCUSSION:

## TAXING HEALTH-HARMING PRODUCTS AND CREATING HEALTH PROMOTION FUNDS - A WIN-WIN HEALTH STRATEGY FOR GOVERNMENTS

SPEAKERS:



Kaul Singh Thakur, Minister of Health and Family Welfare, Law and Revenue, Government of Himachal Pradesh (India)



Jeremias Paul, Undersecretary, Department of Finance, Government of the Republic of the Philippines



**Luong Ngoc Khue**, Director of VINACOSH (Vietnam)

#### CLOSING SESSION ► SUNDAY, 6 DECEMBER ► 15:15-16:15 ► AUDITORIUM I

**CHAIR: José Luis Castro (France)** 

RAPPORTEUR SESSION: Stacie C Stender, Chair, Coordinating Committee of the Scientific Activities (South Africa)



< SPEAKER: Yvonne Chaka Chaka (South Africa)



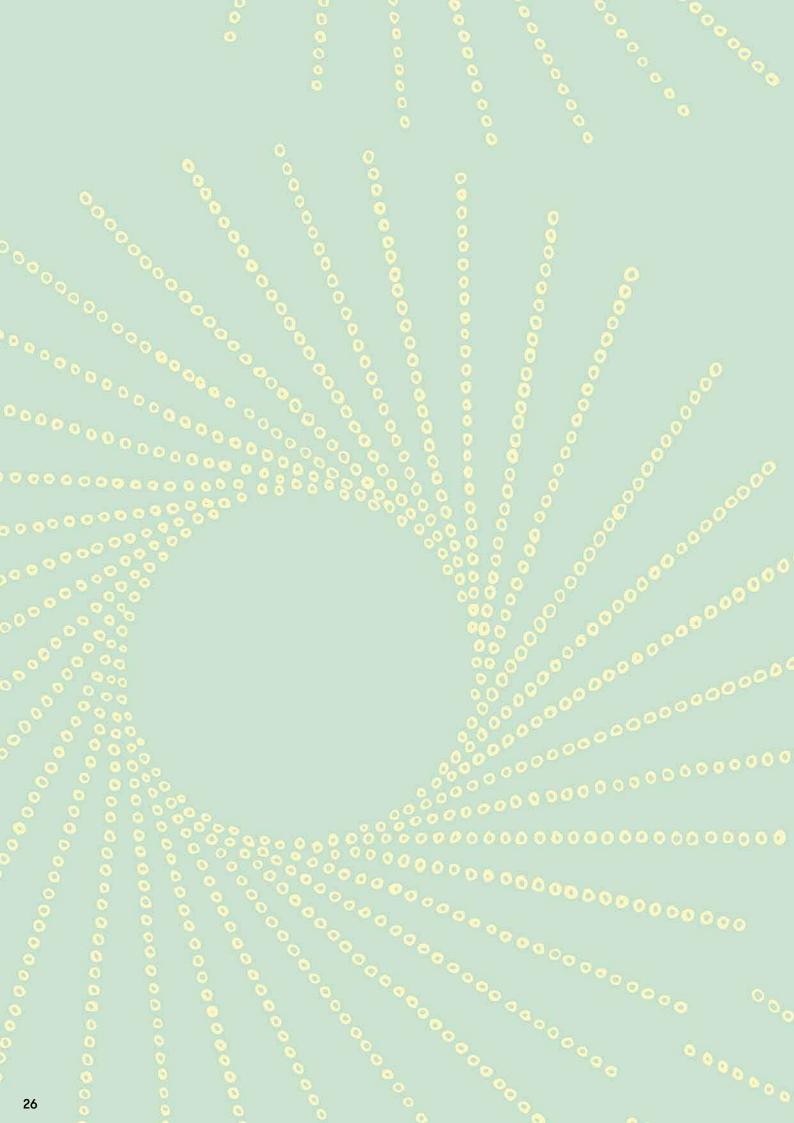
#### **BENEFITS**

- Benefit from a worldwide network, active in over 140 countries
- Share knowledge and expertise with colleagues
- Link up with an international network of members through the online Members Directory
- Stay up to date with the latest policy and research
- Gain unique regional insight into issues faced on the ground and be involved in finding solutions
- Access a collection of dedicated resources and materials put together by experts
- Take advantage of professional opportunities and training
- Participate in Union conferences at a discounted rate

Iam always inspired by knowing that each day, as I do my research, care for my patients and teach my students, other Union members committed to the same mission are at work around the world.

> Dr E Jane Carter International Union Against TB and Lung Disease

### JOIN THE UNION



# WEDNESDAY, 2 DECEMBER 2015

# WEDNESDAY, 2 DECEMBER

# WHO GLOBAL TUBERCULOSIS SYMPOSIUM

**BEYOND 2015: RAMPING UP TO END TB** 

#### 10:00 - 18:00 ► AUDITORIUM I

#### BACKGROUND

The end of 2015 marks a transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), including ending the TB epidemic. As envisioned in the WHO End TB Strategy, driving down TB deaths, incidence and eliminating catastrophic costs requires **better** care and prevention, **bolder** policies and systems and **bigger** investments in research and innovation.

2015 has been a year of continued scale-up of key interventions to address all forms of TB, including drug-resistant TB, HIV-associated TB and for all people affected, including men, women and children, persons with co-morbidities and all poor and marginalised groups at special risk. It has also been a year of planning for further acceleration across the three pillars of the End TB Strategy, involving the range of stakeholders, and actions to overcome bottlenecks.

This year's one-day Global TB Symposium, organised by the World Health Organization, focuses on key stakeholders and their collective actions to revamp and intensify their efforts to meet new End TB targets.

#### **OBJECTIVES OF THE SYMPOSIUM:**

- To offer participants an overview of the achievement on the Millennium Development Goal of halting and reversing the TB epidemic, and status on achievement of other 2015 targets.
- 2. To highlight the steps being taken to prepare to implement the End TB Strategy and fundamental links to other Sustainable Development Goals for 2030.
- 3. To discuss the actions being taken by groups of stakeholders, from politicians to global health leaders, TB programme managers, civil society actors and researchers, in pursuing better care and prevention, bolder policies and systems and bigger investments in research and innovation.
- 4. To profile some recent advances in TB research.

#### I. OPENING ► 10:00 - 10:50

10:00 - 10:20 Welcome

Highlights of a year preparing for the post-2015 era
Opening remarks: Ending TB within the Sustainable
Development Goals agenda

10:20 – 10:50 Progress in the TB response: The Global TB Report 2015

Mr José Luis Castro, Executive Director, The Union Dr Mario Raviglione, Director, Global TB Programme, World Health Organization (WHO)

**Dr Winnie Mpanju-Shumbusho**, Assistant Director-General, WHO

**Dr Katherine Floyd**, Coordinator, WHO Global TB Programme

#### II. KEYNOTE ADDRESS The road ahead to End TB: South Africa's next steps ▶ 10:50 - 11:20

10:50 - 11:20 **KEYNOTE ADDRESS**:

The road ahead to End TB: South Africa's next steps

11:20 - 11:40 Better TB treatment for children

Dr Aaron Motsoaledi, Minister of Health of South Africa introduced by Dr Eric Goosby, UN Special Envoy on TB

Dr Mel Spigelman, CEO, TB Alliance

Dr Philippe Duneton, Deputy Director, UNITAID

III. DRIVIII	G RAPID UPTAKE OF THE END TB STRAT	EG7 > 11:45 - 13:00
		Chair: Dr Eric Goosby, UN Special Envoy on TB
11:40 - 12:00	Next steps for programmes: results of the 2015 national TB programme managers' summit on the End TB Strategy	High TB Burden National TB Programme Summit Spokesperson
12:00 - 12:20	Next steps for NGOs and civil society: results of WHO consultation on NGO engagement in the uptake of the End TB Strategy	NGO Consultation Spokesperson
12:20 - 12:40	Next steps for political commitment: results of the 2 <sup>nd</sup> meeting of the Global TB Caucus of parliamentarians	Rt Hon Nick Herbert, Member of Parliament, United Kingdom and Co-Chair of the Global TB Caucus
12:40 - 13:00	Questions an comments	
13:00 - 14:00	Lunch	
IV. ADOPT	ING NEW POLICIES ► 14:00 - 15:00	
		Chair: Dr Eric Goosby, UN Special Envoy on TB
14:00 - 14:25	Results of a survey of 24 countries on new TB policy adoption	Dr Grania Brigden, MSF Access Campaign
14:25 - 14:45	Panel: Overcoming policy adoption bottlenecks	Panel discussion of results
14:45 - 15:00	Questions and comments	
15:00 - 15:30	Coffee break	
V. PANEL: I	MAKING THE CASE FOR NATIONAL TB RI	ESEARCH INVESTMENT ► 15:30 -16:4
15:30 -16:30		Chairs: Dr Richard Menzies, McGill University and Dr Christian Lienhardt, WHO Global TB Programme Dr Afranio Kritski, University of Rio de Janeiro, Dr Frank Cobelens, KNCV TB Foundation; Dr Andargachew Kumsa, Ministry of Health, Ethiopia; Dr Gilla Kaplan, Bill & Melinda Gates Foundation
16:30 -16:45	Questions and comments	
VI. PANEL:	2015 ADVANCES IN TB RESEARCH ► 16	:45 - 17:45
16:45 - 17:30		Chairs: Dr Valerie Mizrahi, University of Cape Town and Prof Guy Marks, University of Sydney
		Dr Willem Hanekom, Bill & Melinda Gates Foundation; Dr Madhukar Pai, McGill University; Dr Manica Balasegaram, MSF Treatment Access Campaign
		r - C

Dr Mario Raviglione and Dr Eric Goosby

**VII. SUMMING UP: NEXT STEPS 2016** ► 17:45 - 18:00

POST-GRADUATE COURSES	<b>▶</b> 09:00 - 16:00			
	TRACK	COORDINATOR(S)	ROOM	PAGE
01. Project management	TB other	Marianne Gaye-Ayrault (USA)	MR 2.44-2.46	31
O2. Best practices in the management of the second-line injectable drugs in children with multidrug-resistant TB	TB in Children	Anthony Garcia-Prats (South Africa), Kayleen Jacobs (South Africa)	MR 1.41	31
O3. Qualitative methods in global tuberculosis research	TB other	Amrita Daftary (Canada), Nesri Padayatchi (South Africa)	MR 1.42	32
04. An introduction to tuberculosis modelling (TB modelling and analysis consortium)	TB epidemiology	Piotr Hippner (South Africa), Rein Houben (UK)	MR 1.43	32
05. CANCELLED <del>Skill building for health educators</del>	TB other	Linette McElroy (Canada)		33
<b>WORKSHOPS</b> ► 09:00 - 16:00				
	TRACK	COORDINATOR(S)	ROOM	PAGE
O1. Operational research skills in one day	TB other	Anthony D Harries (UK), Rony Zachariah (Luxembourg)	Auditorium II	35
02. Building new treatment paradigms for TB programmes using PK/PD science	Basic science	Jotam Pasipanodya (USA), Beki Magazi (South Africa)	Ballroom West - CTICC	35
<ol> <li>Developing counselling skill for TB care -givers in one day</li> </ol>	Patient-centred care	Sugata Mukhopadhyay (India), Gagik Karapetyan (USA)	MR 2.41-2.43	36
04. Adding connectivity to your TB diagnostics (Half-day 09:00-12:00)	TB diagnostics, including molecular methods	Jeff Baker (USA)	Roof Terrace	37
05. Challenges in setting up phase 2/3 MDR-TB clinical trials (Half-day 13:00-16:00)	Drug-resistant TB care and treatment, including trials	Bern-Thomas Nyang'wa (UK), Corinne Merle (Switzerland)	Roof Terrace	37
OTES				

#### **PROJECT MANAGEMENT**

#### TRACK

TB other

#### TRACK2

Patient-centred care

#### DURATION

Full-day

#### MAX ATTENDEES

50

#### COORDINATOR(S)

Marianne Gaye-Ayrault (USA)

#### CHAIR(S)

Christine Hunt (USA)

#### TARGET AUDIENCE

- Junior- to senior- level managers working in public health
- 2. Managers who oversee personnel across multiple levels, divisions and locations.

#### DESCRIPTION

The success of a health project is most often determined by how well a project was planned at its inception. Those in charge of managing aspects of a health initiative must tackle key elements concerning the project, such as identifying project stakeholders, determining the core objectives, establishing a timeline for activities and drafting a budget. Participants will engage in practical exercises that will build their capacity to develop international donor applications as well as strengthen their project management abilities.

#### **OBJECTIVES**

- 1. To acquire skills to assess projects and identify elements that contribute to desired outcomes
- 2. To acquire skills to use Logical Framework Analysis tools to develop model projects
- 3. To acquire skills to create monitoring and evaluation plans to measure project success

#### PRESENTATIONS

- 1. Welcome, course overview and introductions Marianne Gaye-Ayrault (USA)
- 2. Group discussion: why good projects fail? Marianne Gaye-Ayrault (USA)
- 3. Introduction to project management Marianne Gaye-Ayrault (USA)
- 4. Logical framework approach: stakeholder analysis / Exercise: stakeholder analysis To be confirmed
- Logical framework approach: problem tree and objective tree / Exercise: problem tree analysis To be confirmed
- 6. Logical framework approach: planning matrix Marianne Gaye-Ayrault (USA)
- 7. Exercise: developing indicators and means of verification Marianne Gaye-Ayrault (USA)
- 8. Group discussion: monitoring & evaluation Marianne Gaye-Ayrault (USA)
- 9. Performance-based project management To be confirmed
- 10. Review, closing and evaluations Marianne Gaye-Ayrault (USA)

#### **POST-GRADUATE COURSE 02** ▶ 09:00 - 16:00 ▶ ROOM MR 1.41



## BEST PRACTICES IN THE MANAGEMENT OF THE SECOND-LINE INJECTABLE DRUGS IN CHILDREN WITH MULTIDRUG-RESISTANT TB

#### TRACK

TB in children

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### DURATION

Full-day

#### MAX ATTENDEES

30

#### COORDINATOR(S)

Anthony Garcia-Prats (South Africa), Kayleen Jacobs (South Africa) CHAIR(S)

Hendrik Simon Schaaf (South Africa),

## James Seddon (UK) TARGET AUDIENCE

- Clinicians, nurses, healthcare workers caring for children with MDR-TB
- 2. Programme managers responsible for paediatric MDR-TB care

#### DESCRIPTION

The second-line injectable drugs are key components of current regimens for MDR-TB. However they are poorly tolerated, requiring painful intramuscular injections and result in permanent hearing loss in up to 25% of children. Managing the injectables in children with MDR-TB requires consideration of age-related differences for the duration of treatment, administration of IM injections and assessment for hearing loss. We will provide a practical overview of managing injectable drugs in children with MDR-TB and share best practices of those involved in paediatric MDR-TB care.

#### OBJECTIVES

- 1. To review best practices for the use of second-line injectables for children with MDR-TB
- $2. \ \ \text{To review age-appropriate audiology assessment in children treated with second-line injectable}$
- 3. To provide a practical experience with paediatric audiology assessments
- 4. To discuss future approaches to limit adverse effects associated with second-line injectables in children

#### PRESENTATION

- Welcome, introductions, course overview, learning outcomes Anthony Garcia-Prats (South Africa), Kayleen Jacobs (South Africa)
- 2. Overview of second-line injectable use in children with MDR-TB: mechanism of action, pharmacokinetics, adverse effects, current recommendations Anthony Garcia-Prats (South Africa), James Seddon (UK)
- 3. Overview of audiology assessment in children with MDR treated with injectables: age-appropriate techniques, interpreting results, required Kayleen Jacobs (South Africa)
- 4. Practical audiology assessment in children: observation of audiology assessments in children and interpretation of results Kayleen Jacobs (South Africa), Adam Ebrahim (South Africa)
- 5. Best practices for injectable administration in children: local adverse effects, age-appropriate IM injection sites and safe administration practices Ann Raftery (USA)
- 6. Managing injectable agents in children with TB: determining injectable duration and responding to adverse events a case-based discussion Hendrik Simon Schaaf (South Africa), Jennifer Furin (USA)
- 7. The future of injectables in children with MDR-TB: antioxidant treatment, lignocaine co-administration and injectable-sparing regimens Katharina Kranzer (UK), James Seddon (UK)
- 8. Review, conclusions and evaluations Anthony Garcia-Prats (South Africa), Kayleen Jacobs (South Africa)



#### QUALITATIVE METHODS IN GLOBAL TUBERCULOSIS RESEARCH

#### TRACK

TB other

#### TRACK2

Patient-centred care

#### DURATION

Full-day

#### MAX ATTENDEES

35

#### COORDINATOR(S)

Amrita Daftary (Canada), Nesri Padayatchi (South Africa)

#### CHAIR(S)

Madhukar Pai (Canada), Shona Horter (UK)

#### TARGET AUDIENCE

- 1. TB and HIV researchers, TB consultants
- 2. Implementation and operational scientists
- 3. Academics, mixed methodologists

#### DESCRIPTION

Qualitative methods can assess the social and behavioural contexts, complex determinants, impacts and outcomes of TB and TB-related health-seeking. This course will strengthen participants' capacity to apply qualitative methods in future TB-related projects. The course covers a) theoretical and operational frameworks for qualitative methods; b) methodological issues and challenges through case study discussions; and c) exercises to explore how qualitative approaches and methodological innovation can be integrated in intervention and evaluation research for improved TB care.

#### **OBJECTIVES**

- 1. To discuss the role of qualitative methods in TB research, policy and practice
- To introduce common and emerging forms of qualitative inquiry used in health systems and policy research
- 3. To discuss the methodological challenges and ethical considerations in qualitative research
- 4. To assess rigor and quality in qualitative research
- 5. To introduce the rationale and processes for mixing methods

#### PRESENTATIONS

- 1. Part I. Principles of qualitative research and introduction Jennifer Furin (USA)
- 2. Rigor, validity, and quality in qualitative research Beverley Stringer (UK)
- 3. Integrating and sequencing qualitative and quantitative strategies Joanne Mantell (USA)
- 4. Ethics and qualitative research in TB control lan Harper (UK)
- 5. Incorporating qualitative research into local programmes (India) Petros Isaakidis (India)
- 6. Improvising qualitative methods in special circumstances (South Africa) Helen MacDonald (South Africa)
- 7. Part III. Methodological innovations. Qualitative methods in health policy and systems research Karina Kielmann (UK)
- 8. Network analysis in complex health systems in India Andrew McDowell (Canada)

#### **POST-GRADUATE COURSE 04** ▶ 09:00 - 16:00 ▶ ROOM MR 1.43



## AN INTRODUCTION TO TUBERCULOSIS MODELLING (TB MODELLING AND ANALYSIS CONSORTIUM)

#### TRACK

TB epidemiology

#### DURATION

Full-day

#### MAX ATTENDEES

25

#### COORDINATOR(S)

Piotr Hippner (South Africa), Rein Houben (UK)

#### CHAIR(S)

Richard White (UK)

#### TARGET AUDIENCE

- TB and HIV researchers, heads of national TB programmes, policymakers
- 2. Decision-makers, epidemiologists, clinicians

#### DESCRIPTION

This course is designed for individuals interested in modelling tuberculosis and the impact of TB care and control programmes. It will introduce participants to the basic structures, assumptions, principles and concepts of TB modelling, including key aspects of Mycobacterium tuberculosis (Mtb) natural history and the impact and cost-effectiveness of TB care and control programmes. Participants will gain hands-on experience in using a TB model & how to appraise TB modelling papers. The course will also highlight the role of modelling for policy and decision making and the resources available from the TB Modelling and Analysis Consortium (www.tb-mac. org).

#### OBJECTIVES

- 1. Introduce participants to the basic structures, assumptions, principles and concepts of TB modelling
- 2. Introduce key aspects of Mtb natural history and impact and cost-effectiveness of TB care and control programmes
- 3. Provide hands-on experience in using TB models and the insights they can provide
- 4. Provide training in the critical appraisal of modelling papers
- $5. \ \ Highlight\ \ role\ of\ modelling\ for\ policy\ and\ decision\ making\ and\ modelling\ resources\ available\ from\ TB\ MAC$

#### PRESENTATIONS

- 1. Lecture 1: An introduction to tuberculosis modelling Richard White (UK)
- 2. Practical 1: Setting up a model of Mtb Emilia Vynnycky (UK), Tom Sumner (UK)
- Paper discussion: how to critically review a modelling paper Gwenan Knight (UK)
   Lecture 2: Tuberculosis modelling interventions and cost effectiveness Rein Houben (UK),
- Anna Vassall (Netherlands)

  5. Practical 2: Modelling the impact and cost effectiveness of TB interventions Emilia Vynnycky (UK),
  Tom Sumner (UK)
- 6. Summary of the day Richard White (UK)

SKILL BUILDING FOR HEALTH EDUCATORS				
NOTES				

# THE UNION COURSES

The Union's courses help develop clinical expertise, management skills and the ability to discover solutions through research and advocacy. Public health professionals, such as physicians, nurses, healthcare managers and other healthcare staff, receive detailed training and instruction from our experienced faculty.

#### CLINICAL AND OPERATIONAL MANAGEMENT

The Union's clinical and operational management courses have expanded to meet the demands of today's healthcare professionals and public health systems. Thorough training in the prevention, treatment and programmatic management of tuberculosis continues to be one of The Union's strengths.



Clinical and operational management training through technical courses are provided for healthcare professionals in:

- Tuberculosis (TB) and multidrugresistant TB (MDR-TB)
- TB-HIV management and programme collaboration
- Childhood TB
- Tobacco control

# INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME (IMDP)

IMDP courses were developed to help countries improve the management of health programmes. IMDP strengthens health systems by training health professionals in the specific management competencies that are essential for healthcare programmes to provide quality care for patients.



The IMDP addresses key issues in:

- Budgeting and financial management
- Leadership
- Training
- Human resource management
- Strategic planning
- Health communications

#### **OPERATIONAL RESEARCH**

The Union's SORT IT (Structured Operational Research and Training IniTiative) courses are offered in collaboration with Médicins Sans Frontières (MSF) and the WHO Special Programme for Research and Training in Tropical Diseases. They take participants from developing a research protocol to submitting a paper to a peer-reviewed journal.



The SORT IT courses help participants to:

- Build research capacity using a successful model of product-oriented training
- Advance in an operational research fellowship programme and research alumni network
- Implement relevant operational research in low- and middle-income countries



# 

# **OPERATIONAL RESEARCH SKILLS IN ONE DAY**

# TRACK

TB other

# ORGANISED BY

International Union Against Tuberculosis and Lung Disease (The Union)

# DURATION

Full-day

# MAX ATTENDEES

150

# MEETING TYPE

Open meeting

# COORDINATOR(S)

Anthony D Harries (UK), Rony Zachariah (Luxembourg)

# CHAIR(S

Tony Reid (Belgium), Sven Gudmund Hinderaker (Norway)

# TARGET AUDIENCE

Anyone working in the fields of tuberculosis, HIV or lung health

## DESCRIPTION

This is a one-day workshop on operational research, providing an overview of the topic and the SORT IT model of operational research capacity building, how to develop a protocol and apply for ethics approval, how to use EpiData to undertake data collection and analysis, how to write a paper and get it accepted for publication and how to change policy and practice. This workshop is designed to show participants what operational research is all about and how it can help in changing policy and practice in low- and middle-income countries. This workshop is funded by WHO/TDR.

# **OBJECTIVES**

- 1. Provide an overview of operational research and how this can lead to changes in policy and practice
- 2. Present The Union-MSF model of capacity building
- 3. Demonstrate how to write a protocol and organise data collection and analysis using EpiData
- 4. Understand the principles of writing a paper for publication
- 5. Learn how to move research to policy and practice and monitor this progress

# **EXPECTED OUTCOME**

Participants will finish the one-day workshop understanding the basic principles of operational research and the capacity building that is needed to develop operational research at a country or programmatic level.

# DDECENTATIONS

- 1. Operational research: what, why and how Rony Zachariah (Luxembourg)
- 2. Operational research capacity building Anthony D Harries (UK)
- 3. Principles and structure of a research protocol Anthony D Harries (UK)
- 4. Collection and organisation of data using EpiData Ajay Kumar (India), Zaw Myo Tun (Singapore)
- 5. Data analysis using EpiData Ajay Kumar (India), Zaw Myo Tun (Singapore)
- 6. Writing the paper and keeping the editor happy Tony Reid (Belgium)
- 7. An example of writing a scientific paper Anthony D Harries (UK)
- 8. Moving research to policy and practice Rony Zachariah (Luxembourg)

# WORKSHOP 02 ▶ 09:00 - 16:00 ▶ BALLROOM WEST - CTICC



# BUILDING NEW TREATMENT PARADIGMS FOR TB PROGRAMMES USING PK/PD SCIENCE

# TRACK

Basic science

# TRACK2

Patient-centred care

# ORGANISED BY

To be determined

# DURATION

Full-day

# MAX ATTENDEES

150

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Jotam Pasipanodya (USA), Beki Magazi (South Africa)

# CHAIR(S)

Helen McIlleron (South Africa), Tawanda Gumbo (USA)

# TARGET AUDIENCE

- 1. Clinicians and trialists
- 2. Scientists
- 3. Policy-makers

# DESCRIPTION

This is a one-day workshop on pharmacometric approaches to optimising existing anti-TB regimens, combining new molecules with existing drugs to build better regimens, and using prior information to design more informative clinical trials to test those regimens. The workshop will provide an overview of PK/PD sciences role in chemotherapeutics, optimisation of traditional regimens, and development of new regimens for the treatment of TB.

# OBJECTIVES

- 1. Provide principles of the PK/PD of anti-TB drugs, including dose selection, therapeutic targets & role of public-private partnerships in TB therapeutics
- 2. Delineate principles of the rapeutic drug monitoring in  $\ensuremath{\mathsf{TB}}$
- 3. Identify knowledge gaps in PK/PD sciences and the need to design more informative clinical trials
- $4. \ \ \text{Build a plan of action for workshop participants to contribute to filling gaps and strengthen programmes}$

# EXPECTED OUTCOM

1) Participants will finish the workshop with appreciation of the role of pharmacokinetics and pharmacodynamics (PK/PD) science for the TB programme. 2) A consensus document on use of drug concentrations in optimising clinical outcomes that will be published.

- 1. PK/PD, drug development & the role of public-private partnerships Debra Hanna (USA)
- 2. PK/PD basics: models, the rapeutic targets etc Eric Nuermberger (USA)
- 3. Pathogen factors: stupid MIC! MIC, stupid! Beki Magazi (South Africa)
- 4. Principles of pharmacokinetic variability of anti-TB agents Helen McIlleron (South Africa)
- Non-linear analytical tools to design better clinical trials and optimise patients' outcomes Jotam Pasipanodya (USA)
- 6. How to implement PK monitoring in TB programmes: a practical approach Jan-Willem Alffenaar (Netherlands)
- 7. Monitoring drug concentrations in patients with drug-resistant tuberculosis Scott Heysell (USA)
- 8. Latest treatment regimens for adults' and children with/out drug-resistant TB Soumya Swaminathan (India)
- 9. The future is now! Bayesian adaptive dosing in TB programmes Tawanda Gumbo (USA)
- 10. Discsussion: Towards a consensus on clinical standards for minimal inhibitory concentrations (MIC) and pharmacokinetic monitoring in treatment of TB Helen McIlleron (South Africa), Tawanda Gumbo (USA)



# DEVELOPING COUNSELLING SKILLS FOR TB CARE-GIVERS IN ONE DAY

# TRACK

Patient-centred care

# TRACK2

Civil society / patient & community engagement

# ORGANISED BY

World Vision

# DURATION

Full-day

# **MAX ATTENDEES**

60

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Sugata Mukhopadhyay (India),

Gagik Karapetyan (USA)

# CHAIR(S)

Dennis Thuralayil Cherian (USA),

Sushma Cornelius (India)

# TARGET AUDIENCE

- Counsellors, DOT providers, treatment supervisors, lab technicians, doctors, nurses
- 2. TB & HIV programme managers, CSOs working in TB & HIV, cured TB patients, PLHIV
- 3. Policy-makers and representatives of MoH (NTP & NACP)

## DESCRIPTION

Counselling is a critical component of effective TB care. World Vision's one-day workshop will aim to enhance the counselling knowledge and skills of the TB caregivers within the framework of the Cough-to-Cure pathway, which should help in early case detection, early treatment initiation, treatment adherence and successful treatment completion. The workshop will also equip participants with specialised counselling techniques and tools for patients with drug-resistant TB, TB/HIV co-infection, TB/diabetes and paediatric TB, as well as those who have repeatedly not completed their treatment. Measuring the effectiveness of counselling will also be covered

# **OBJECTIVES**

- 1. To provide an overview of counselling in TB care and control
- 2. To demonstrate how counselling skills help to achieve objectives at different stages of the Cough-to-Cure pathway
- To sharpen IPC, negotiation, time-management, conflict-resolution and team-building skills for counselling
- 4. To equip participants with counselling methodologies and tools for special situations (DR-TB, TB/HIV, etc.)
- $5. \ \ \text{To} \ \ \text{orient participants on the methodologies and tools to measure effectiveness of counselling in TB}$

# EXPECTED DITCOM

By the end of this workshop, the participants will 1) develop clear understanding of various counselling techniques, tools and methodologies within the framework of the Cough-to-Cure pathway; 2) be equipped with various soft-skills necessary for providing effective counselling to TB patients, their families and vulnerable communities; 3) understand special needs and learn about necessary skills for patients with drug-resistant TB, TB/HIV co-infection, TB/diabetes, paediatric TB and persons who have repeatedly not completed treatment to ensure successful treatment outcomes; and 4) be able to measure effectiveness of their TB counselling services.

- A brief description of the Cough-to-Cure pathway: different stages of the pathway, objectives of each stage – Dennis Thuralayil Cherian (USA)
- 2. What is counselling? Various types of counselling and the essential skills needed to be an effective counsellor Tina Monique James (India)
- The roles of counselling and other types of TB caregiver at each stage of the 'Cough-to-Cure' pathway Sugata Mukhopadhyay (India)
- 4. Counselling tools adopted in the TB programmes of World Vision India Sugata Mukhopadhyay (India), Sushma Cornelius (India)
   5. Building counselling skills: communication and time management Tina Monique James (India),
- Jeannette Ulate (Canada)

  6. Ruilding governalling skiller population and conflict regulation. Suphres Correlius (India)
- 6. Building counselling skills: negotiation and conflict resolution Sushma Cornelius (India), Gagik Karapetyan (USA)
- 7. Building counselling skills: team building and coordination Dennis Thuralayil Cherian (USA), Jeannette Ulate (Canada)
- 8. Enhancing counselling skills to meet the special needs of patients with DR-TB, TB/HIV and TB/diabetes Sugata Mukhopadhyay (India), Gagik Karapetyan (USA)
- 9. Enhancing counselling skills to meet the special needs of patients with paediatric TB and those who repeatedly have not completed treatment Dennis Thuralayil Cherian (USA), Blesson Samuel (India)
- 10. How to measure the effectiveness of your counselling services: methodologies and tools Sugata Mukhopadhyay (India), Blesson Samuel (India)

# 

# ADDING CONNECTIVITY TO YOUR TB DIAGNOSTICS

## TRACK

TB diagnostics, including molecular methods

TRACK2 TB other

# ORGANISED BY

GxAlert - A consortium of open-source software for TB diagnostics

**DURATION** Half-day

MAX ATTENDEES 150

MEETING TYPE Open meeting COORDINATOR Jeff Baker (USA) CHAIR Jeff Takle (Switzerland)

# TARGET AUDIENCE

- Individuals working at ministries of health (MOHs), TB and HIV programmes who want better data
- 2. Implementing partners (IPs) who procure GeneXperts or other diagnostic devices
- 3. Donors who want to ensure purchases are used efficiently & effectively

## DESCRIPTION

This is a half-day workshop on connecting GeneXperts (or other diagnostics) to the Internet to provide patients, clinicians, ministries of health (MOHs) and the global health community with real-time, reliable quality data. It will provide MOHs and implementing partners with the practical steps needed to budget, implement and govern a connectivity solution to receive clinician referrals and return diagnostic results, spot and reduce lab errors, prevent stockouts, monitor utilisation and populate WHO and donor reports. This workshop demonstrates how connectivity improves the speed with which we can fight TB.

# **OBJECTIVES**

- 1. To provide MOHs and IPs with the tools to select appropriate connectivity solutions
- 2. To present a model for governing GeneXpert connectivity across dozens of projects and IPs
- 3. To understand patient privacy and data ownership decisions around connectivity

# **EXPECTED OUTCOME**

Participants will finish the half-day workshop able to decide among the different software available, budget for and implement a data connectivity solution for their GeneXperts or other TB diagnostics devices.

# **PRESENTATIONS**

- 1. The main components of "connectivity" and how implementation differs across 20+ countries Hugh McDonough (USA), Christopher Macek (USA)
- 2. Integrating solutions to better serve multiple stakeholders Emmanuel Andre (Belgium), Benjamin Nyange (Congo Democratic Rep.)
- 3. Linkage to care: connectivity and electronic patient records Ali Habib (Pakistan)
- 4. Challenges when implementing diagnostic networks Amy Piatek (USA)
- In-country versus cloud-based hosting and the implications for privacy and data ownership Brad Cunningham (South Africa)
- 6. How "connectivity" changes vendor selection and relationship Michael Turnlund (USA), Adam Liederman (Canada)

# WORKSHOP 05 ► 13:00 - 16:00 ► ROOF TERRACE



# CHALLENGES IN SETTING UP PHASE 2/3 MDR-TB CLINICAL TRIALS

# TRACK

Drug-resistant TB care and treatment, including trials

# ORGANISED BY

Médecins Sans Frontières

# DURATION

Half-day

# **MAX ATTENDEES**

60

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Bern-Thomas Nyang'wa (UK), Corinne Merle (Switzerland)

# CHAIR(S)

Christian Lienhardt (Switzerland), Philipp Du Cros (UK)

# TARGET AUDIENCE

- 1. Researchers and academics
- 2. Ministry of health officials
- 3. Public health specialists

# DESCRIPTION

This is a half-day workshop covering the various challenges that the presenters have encountered and how they dealt with them in setting up phase 2/3 MDR-TB clinical trials. They will also highlight the opportunities that should not be missed when setting up such trials. This workshop is designed to give the participants an overview of setting up a phase 3 MDR-TB clinical trial based on recent experience.

# OBJECTIVES

- 1. Provide an overview of the work involved in setting up phase 2/3 MDR-TB clinical trials
- 2. Explore the choices and decisions taken during phase 3 MDR-TB clinical trials protocol development
- 3. Provide insight into operational challenges that need to be anticipated and potential solutions
- 4. Highlight the opportunities that should not be missed in designing MDR-TB trials
- 5. Discuss ways of gaining the right to use drugs for the trial and to secure post-trial access

# EXPECTED OUTCOME

The workshop will trigger enthusiasm for involvement in MDR-TB clinical trials, based on the collaborative nature of such projects and the space for different experts to get involved. A lessons learnt document will be generated.

- ${\bf 1.} \ \ {\bf Accessing \ drugs \ for \ clinical \ trials \ \ the \ before, \ during \ and \ after-{\bf Grania \ Brigden} \ ({\bf France})$
- Methodological challenges in designing phase 2/3 MDR-TB clinical trials Bern-Thomas Nyang'wa (UK), Corinne Merle (Switzerland)
- 3. Statistical considerations in phase 2/3 adaptive designs for MDR-TB trials Katherine Fielding (UK)
- Engaging the community adequately in the design and set up of MDR-TB clinical trials: practice or rhetoric? — Mirzagaleb Tillyashaykhov (Uzbekistan), Narqiza Parpieva (Uzbekistan)
- 5. Pharmacokinetic aspects in MDR-TB clinical trials Geraint Rhys Davies (UK)
- 6. Integrating economic assessments in phase 3 MDR-TB clinical trials S. Bertel Squire (UK)
- How could results from MDR-TB trials inform policy development? Suggested WHO requirements Gavin Churchyard (South Africa), Christian Lienhardt (Switzerland)
- When should children be enrolled in new drug trials: presenting a consensus statement Sharon Nachman (USA)
- So your treatment programme wants to be included in an MDR-TB clinical trial what next? Philipp Du Cros (UK)

# **MEETINGS**

UNION ADMINISTRATIVE MEETINGS
08:00-11:00 ▶ ROOM MR 1.44
MEMBERSHIP COMMITTEE MEETING
ATTENDEES: Membership committee, Institute representatives and invited guests
11:00-14:00 ▶ ROOM MR 2.64-2.66
BOARD MEETING (1)
ATTENDEES: All current Board members
15:00-17:00 ▶ ROOM 2.64-2.66
COORDINATING COMMITTEE OF SCIENTIFIC ACTIVITIES (CCSA)
ATTENDEES: CCSA Chair, all section officers, Institute representatives and Union President
16:00-18:00 ▶ ROOM MR 1.44
EDITORIAL BOARD OF PUBLIC HEALTH ACTION
NOTES

# SIDE MEETINGS

# ► 11:15 - 12:30 ► BALLROOM EAST - CTICC

# TACKLING CO-MORBIDITIES FOR OPTIMAL GAIN:

# TRACE

TB and diabetes/TB and other non-HIV comorbidities

# TRACK2

Civil society / patient & community engagement

# COORDINATOR(S)

Priya Kanayson (USA), Maria Paola Lia (Switzerland)

# CHAIR(S)

Knut Lonnroth (Switzerland)

# TARGET AUDIENCE

- 1. Technical experts, healthcare professionals
- 2. Policy-makers
- 3. Patients and representatives from the civil society

## **NESCRIPTION**

TUBERCULOSIS, DIABETES, AND NCDS

Diabetes is estimated to be the cause of 15% of present tuberculosis cases, and is a commonly observed co-morbidity. Patients with diabetes and tuberculosis commonly manifest worse tuberculosis treatment outcomes and a higher risk of mortality than patients with tuberculosis alone. Furthermore, tuberculosis has shared risk factors with other NCDs, including tobacco use and alcohol use, and chemotherapy for cancer can increase risk of tuberculosis through weakened immunity. For effective care to be achieved, it is imperative to integrate care across care across diseases, both in terms of the absolute need for holistic, patient centred care, and also in terms of maximising the use of available health systems resources by building on platforms which already exist for care for chronic diseases. In low and middle?income countries, systems for managing HIV/AIDS are often much more advanced than for tuberculosis and NCDs and offer a clear opportunity for integrated care.

# OBJECTIVES

- To set out how NCDs including cancer and diabetes are associated with increased risk of TB; and how TB and NCDs share risk factors including tobacco use and malnutrition
- 2. To share opportunities to intervene at the level of prevention, focusing on the role of civil society in minimising exposure to shared risk factors as part of a broader multisectoral response
- To demonstrate the need to strengthen health systems for integrated treatment (e.g. early TB screening for people with diabetes; chronic care)

# **PRESENTATIONS**

- Evidence for the link between tuberculosis, diabetes, and NCDs Knut Lonnroth (Switzerland)
- Considerations for integrated care across tuberculosis, diabetes, and NCDs Neeraj Kak (USA)
- Patients at the centre of healthcare Carrie Tudor (USA)
- Case study: integrated screening and care for TB, diabetes, and HIV in low income settings in Ethiopia —
   Degu Jerene Dare (Ethiopia)

# ▶ 14:15-15:30 ▶ BALLROOM EAST - CTICC

# MULTISECTORAL ACTION FOR GLOBAL TOBACCO CONTROL: A COLLABORATIVE RESPONSE FOR LUNG HEALTH AND NCDS

# TRACK

Tobacco control

# TRACK2

Civil society / patient & community engagement

# COORDINATOR(S)

Priya Kanayson (USA), Maria Paola Lia (Switzerland)

# CHAIR(S)

Yussuf Saloojee (South Africa)

# TARGET AUDIENCE

- 1. Policy-makers
- 2. Patients, representatives from civil society
- 3. Technical experts and healthcare professionals

# DESCRIPTION

Tobacco use is a risk factor for all major NCDs, and is of particular concern in low- and middle-income countries. Concerted multisectoral action is necessary to urge and support governments to implement effective tobacco control policies. Utilising and adapting best practices, such as tobacco taxes, graphic pack warnings, and effective media campaigns, have proven to be successful platforms for multisectoral action for results. Adapting these campaigns and translating global policies into national action through multisectoral collaboration results are essential components for global progress.

# **OBJECTIVES**

- To frame tobacco as a risk factor for all major NCDs, and outline the response of multisectoral action in tobacco control for NCD prevention
- To highlight the need to transition from global policy (Framework Convention for Tobacco Control, WHO Global Action Plan on NCDs, UN Political Declaration on NCDs) to national action in order to make global progress
- 3. To focus on case studies and best practices for strengthening national capacity including the joint resource from WLF and WHO on graphic pack warnings for the AFRO region as an example of cross-?sectoral collaboration for civil society capacity building

- The benefits of multisectoral partnerships in achieving effective tobacco control policies Yussuf Saloojee (South Africa)
- Case study: WLF and WHO graphic pack warnings as a best practice for civil society capacity building Irina Morozova (USA)
- Translating global policy into national action for tobacco control Daouda Adam (Chad)
- Tobacco control media campaigns and youth engagement To be confirmed



My space, your space, and our space

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

All activities take place in Hall 4B, except where otherwise noted. IMBIZO will be open from Wednesday, 2 December through Sunday, 6 December. This area is open to both delegates and non-delegates. Please drop by any time!

WEI	DNESDAY, 2 DECEMBER >	09:00 - 16:00		
		FACILITATOR(S)	COORDINATOR(S)	ROOM
09:00-09:30	TB 101: Explaining concepts and simplifying scientific terminology. TB screening and HIV tests offered.	Jody Boffa		Hall 4B
11:30-12:30	Launch of IMBIZO with Dr E Jane Carter, President of The Union.	DoH, THCA, CITAM		Hall 4B
12:30-13:00	KICK TB & HIV – literally! How good are you at making the goal?			Hall 4B
13:00-13:30	Video: focus on healthcare workers.	TB Proof and AERAS		Hall 4B
13:30-14:00	TB & me: documentary video and photo exhibit.	Treatment Action Campaign (TAC)		Hall 4B
14:30-15:00	Mural painting: Participate in a paint-by- numbers wall mural highlighting paediatric TB.	TB Alliance		Hall 4B
15:00-15:30	Briefing: Silicosis and TB in the Mines – learn about what promises to be the largest class-action suit in South Africa's history.	TAC and Section 27		Hall 4B
15:30-16:00	Discussion: TB and drug development.	AERAS		Hall 4B
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# THE 4th PRESIDENT'S CENTENNIAL DINNER



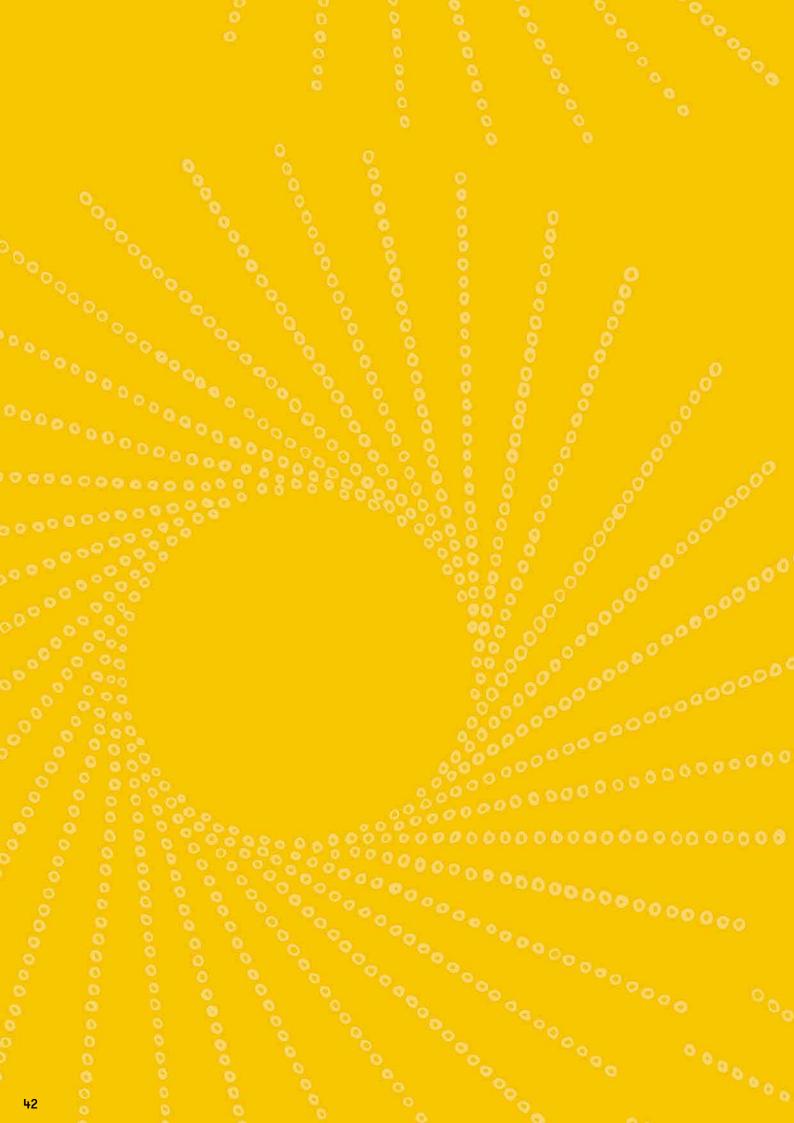
The 4th President's Centennial Dinner will be held at the Cavalli Wine and Stud Farm in Somerset West (Cape Town), South Africa on Wednesday, 2 December.

Thank you to everyone who will be joining us. We wish you a lovely evening.

The Centennial Campaign is raising funds to support our next century of global impact. Our first three dinners, since 2012, have raised \$1 million. Thank you to all those who have offered their generous support.

This series of dinners will be held each year until 2020 in conjunction with The Union World Conference on Lung Health and offers an ideal opportunity for Union supporters to join the campaign.

PLAN TO JOIN US FOR THE 5th PRESIDENT'S CENTENNIAL DINNER IN LIVERPOOL, UK, ON TUESDAY, 25 OCTOBER 2016.



# THURSDAY, 3 DECEMBER 2015





THE PHOTOS ARE ON DISPLAY THROUGHOUT THE CTICC

# The Union Journals

The Union publishes two scientific, peer-reviewed journals, disseminating the latest research to public health professionals, healthcare workers and researchers.





# THE INTERNATIONAL JOURNAL OF TUBERCULOSIS AND LUNG DISEASE (IJTLD)

- Print and online versions published monthly, plus supplements
- Over 12,000 readers and close to 200,000 full-text downloads annually
- Open access six months after publication online
- · Now in its 20th volume
- Impact factor: 2.315 (2014)

# **SUBMIT AN ARTICLE**

The IJTLD encourages submissions of original research on tuberculosis control and the promotion of lung health.

Visit theunion.org/what-we-do/ iournals/ijtld for more information

ISSN 1027-3719 (PRINT) e-ISSN 1815-7920 (ONLINE)

journal@theunion.org



# **PUBLIC HEALTH ACTION**

- · Open-access online journal
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- Less than five months turnaround time from submission to publication
- Currently in its 6th volume

# **SUBMIT AN ARTICLE**

PHA welcomes the submission of articles on health systems and health services research.

Visit theunion.org/what-we-do/ journals/pha for more information

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"PHA encourages articles that contribute to making the greatest possible impact on health in developing countries"

Dr Dermot Maher, MD, Editor in Chief, Public Health Action

# THURSDAY, 3 DECEMBER

# INAUGURAL SESSION



CHAIRS: E Jane Carter (USA), Stacie C Stender (South Africa)

# WELCOME TO THE 46TH UNION WORLD CONFERENCE OF LUNG HEALTH

**E Jane Carter**, President of The Union (USA)



**E Jane Carter**, President of The Union (USA)

Dr E Jane Carter has focused her career on TB and is both an Associate Professor of Medicine at Brown University (USA) and Director of the Brown Kenya Medical Exchange Programme at

Moi University (Kenya). She has been a Union member since 1990 and has led the organisation as President since 2012.

# INAUGURAL LECTURE: TURNING THE TIDE AGAINST LUNG DISEASE IN SOUTH AFRICA

KEYNOTE SPEAKER: Mr Matamela Cyril Ramaphosa, Deputy President, South Africa (South Africa)

# OVERCOMING TB/HIV TO LIVE AN EMPOWERED LIFE: A TESTIMONIAL

SPEAKER: Juliet Vivien Nalumu (Uganda)



Juliet Vivien Nalumu is Site Coordinator for mothers2mothers in Uganda.

Juliet knows firsthand the fear and heartbreak that being pregnant and HIV-positive can bring. When mothers2mothers came to Uganda, she became a Mentor Mother and is now a Site Coordinator. m2m is a non-profit organisation working to eliminate pediatric AIDS and improve the health and wellbeing of mothers, babies and families. It has reached more than 1.3 million HIV-positive mothers in nine countries in sub-Saharan Africa and catalysed affiliated Mentor Mother programmes in two additional countries.

Juliet oversees day-to-day operations of m2m's site at the Kamuli Mission Hospital in Uganda. Together with a team of Mentor Mothers, all of whom are mothers living with HIV, she provides essential health education and support to other HIV-positive women on how they can prevent transmitting HIV to their babies and stay healthy.

Although she lost one baby and another tested positive, since joining m2m Juliet and her husband have had two more children, both negative. She is studying for a bachelor's degree in social work and social administration.

# AWARD PRESENTATION ► 17:30-19:00 ► AUDITORIUM I ()

# THE UNION MEDAL

Presented by **E Jane Carter**, President of The Union

**The Union Medal**, The Union's highest honour, is awarded to members who have made an outstanding contribution to the control of tuberculosis or lung health by their scientific work and/or actions in the field.



# **WELCOME RECEPTION** ► 19:00-20:30

Following the Inaugural Session, The Union invites all registered delegates and accompanying persons to the Welcome Reception.



	POST-GRADUATE COURSES >	07.00 10.00			
		TRACK	COORDINATOR(S)	ROOM	PAG
	Implementing new and re-purposed drugs for the treatment of drug-resistant TB: lessons from the field	Drug-resistant TB care and treatment, including trials	Jennifer Furin (USA)	Ballroom West- CTICC	50
	Update on clinical and programmatic management of MDR- and XDR-TB	Drug-resistant TB care and treatment, including trials	Sundari Mase (USA), Ernesto Jaramillo (Switzerland)	MR 2.64-2.66	50
	Integrating palliative care into the continuum of MDR TB care (Half-day 09:00-12:00)	Drug-resistant TB care and treatment, including trials	Alisha Smith-Arthur (USA), Hala Rahman-Jassim-Al- Mossawi (USA)	MR 1.42	51
	Establishing community MDR TB programmes (Half-day 13:00-16:00)	Drug-resistant TB care and treatment, including trials	Alisha Smith-Arthur (USA), Manith Hang (USA)	MR 1.42	51
	Making sense and use of routine TB data for management	Advancing the End TB strategy and other policy issues	Einar Heldal (Norway), Riitta Dlodlo (Zimbabwe)	MR 1.43	52
	Risk factor management and tuberculosis- control CANCELLED	Advancing the End TB strategy and other policy issues	<del>Chen-Yuan Chiang (Taiwan),</del> H <del>sien-Ho Lin (Taiwan)</del>		52
	Key components of effective and sustainable tuberculosis infection control programme	TB infection control	Grigory Volchenkov (Russian Federation), Paul Jensen (USA)	Marco Polo Westin	53
	Strengthening TB case finding and prevention in high-risk populations	HIV and TB co-infection	Riitta Dlodoo (Zimbabwe), Rajita Bhavaraju (USA)	Sir Francis Drake-Westin	53
TES					

	TRACK	COORDINATOR(S)	ROOM	PAGE
<ol> <li>Ensuring MDR-TB patient information and adherence counselling is a key part of patient- centered care</li> </ol>	Patient-centred care	Antonia Kwiecien (USA), Leigh Snyman (South Africa)	Auditorium II	54
<ol> <li>The Global Fund's new funding model: country experiences of moving toward grant implementation</li> </ol>	Advancing the End TB strategy and other policy issues	Sevim Ahmedov (USA)	Ballroom East- CTICC	55
3. WHO consolidated guidelines for treatment of tuberculosis	Drug-resistant TB care and treatment, including trials	Ernesto Jaramillo (Switzerland), Linh Nguyen (Switzerland)	MR 2.41-2.43	56
<ol> <li>Post 2015 GTB Technical Support Coordination For Global Fund Grants and Concept Notes for End TB Strategy CANCELLED</li> </ol>				56
<ol> <li>Application of programme guidelines for community-driven projects to eliminate TB among migrants (Half-day 09:00-12:00)</li> </ol>	TB in vulnerable and special populations	Gilles Cesari (Switzerland), Deliana Garcia (USA)	MR 2.44-2.46	57
1. Towards a community and patient-centred movement (Half-day 13:00-16:00)	Civil society / patient & community engagement	Colleen Daniels (USA)	MR 2.44-2.46	57
2. Monitoring and evaluation in active case finding: the TB REACH approach (Half-day 09:00-12:00)	Advancing the End TB strategy and other policy issues	Oriol Ramis (Spain), Lucie Blok (Netherlands)	Ballroom East- Westin	58
3. Challenges of DR-TB treatment in India and opportunities beyond 2015: patient voices from India (Half-day 13:00-16:00)	Civil society / patient & community engagement	Blessina Kumar (India)	Ballroom East- Westin	58
4. Access to TB medicines beyond 2015: the dynalics of demand and supply	Advancing the End TB strategy and other policy issues	Andre Zagorskiy (USA), Joel Keravec (Brazil)	Ballroom West- Westin	59
5. Molecular diagnostics: bringing together the basic science and clinical worlds	TB diagnostics, including molecular methods	Lynsey Isherwood (South Africa), Siva Danaviah (South Africa)	MR 2.61-2.63	60
6. Pharmacovigilance for bedaquiline, delamanid and other TB drugs and regimens	Drug-resistant TB care and treatment, including trials	Chinwe Owunna (USA), Askar Yedilbayev (USA)	Da Gama/Diaz- Westin	61
17. Budgeting for TB-care and control in an- integrated fashion: one day OneHealth tool- introduction CANCELLED				61



# IMPLEMENTING NEW AND RE-PURPOSED DRUGS FOR THE TREATMENT OF DRUG-RESISTANT TB: LESSONS FROM THE FIELD

# TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

Patient-centred care

# DURATION

Full-day

# MAX ATTENDEES

150

# COORDINATOR(S)

Jennifer Furin (USA)

# CHAIR(S)

Erlina Burhan (Indonesia)

# TARGET AUDIENCE

- Physicians, nurses, community health workers, programme managers
- 2. Other personnel involved in the care of persons with DR-TB
- 3. Funding agencies supporting new drug introduction

# DESCRIPTION

There are encouraging data about the successful use of novel and re-purposed medications for the treatment of drug-resistant TB, and the use of such agents is recommended by the World Health Organization. There is, however, limited information about their use in the field. The purpose of this session will be to present information that will assist programmes and providers in the optimal introduction of new and re-purposed TB drugs to ensure the best possible outcomes for patients and programmes. The session will focus on pragmaticissues and provide useful tools for attendees.

# OBJECTIVES

- 1. To review data on the use of new drugs under programme conditions
- 2. To discuss optimal use of new drugs, including regimen selection, adverse events and special populations
- 3. To review issues on programme implementation, inlcuding pharmacovigilance and operational research
- 4. To discuss legal issues, ethical challenges and patient perspectives
- 5. To provide useful field tools for attendees

# PRESENTATIONS

- New and re-purposed drugs for DR-TB: a brief review of medications and regimens Robert Horsburgh (USA)
- 2. Programmatic introduction of new drugs: WHO framework Christian Lienhardt (Switzerland)
- 3. Regimen selection for new and re-purposed drugs Lorenzo Guglielmetti (France)
- 4. Monitoring and adverse events with a focus on electrocardiograms Francesca Conradie (South Africa)
- 5. New and re-purposed drugs and children Anthony Garcia-Pratt (South Africa)
- 6. New and re-purposed drugs and HIV Vivian Cox (South Africa)
- 7. Pharmacovigilance: implementation in the field Sviatlana Setkina (Belarus)
- 8. Ethical issues and informed consent in new drug introduction Liga Kuska (Latvia)
- 9. Activist agenda and new and re-purposed drugs for DR-TB Sharonann Lynch (USA)
- 10. Operational research and new drug implementation Helen Cox (South Africa)

**POST-GRADUATE COURSE 07** ▶ 09:00 - 16:00 ▶ ROOM MR 2.64-2.66

# UPDATE ON CLINICAL AND PROGRAMMATIC MANAGEMENT OF MDR- AND XDR-TB

# TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

Patient-centred care

# DURATION

Full-day

# **MAX ATTENDEES**

75

# COORDINATOR(S)

Sundari Mase (USA), Ernesto Jaramillo (Switzerland)

# CHAIR(S)

Ignacio Monedero (Spain), Sundari Mase (USA)

# TARGET AUDIENCE

- National TB and HIV programme managers and clinicians, lung health specialists
- 2. Epidemiologists, international tuberculosis consultants, laboratory scientists
- Public health nurses, promoters and deliverers of community-based health care

# DECUDIDATION

Multidrug-resistant and extensively drug-resistant TB (MDR-/XDR-TB) pose a significant threat to TB control and challenge clinicians and programme managers world-wide given the complexities in diagnosis, treatment and case management. This course presents cutting-edge strategies for clinical and programmatic management of MDR-TB for the front-line clinician, nurse, epidemiologist, laboratorian and programme managers using case-based presentations that will illustrate internationally recommended practices to address the challenges of MDR-TB diagnosis, treatment and care.

# **OBJECTIVES**

- Update global epidemiology of MDR/XDR -TB and present principles of MDR-TB prevention, diagnosis, treatment
- 2. Update on recent advances in rapid diagnosis of MDR/XDR-TB and discuss how these advances may be applied
- 3. Discuss evidence-based management of and controversial issues in the treatment of MDR/XDR-TB
- 4. Present cutting-edge strategies for the prevention, treatment and management of MDR/XDR-TB
- Introduce programmatic management of MDR-TB in resource-limited settings and discuss ethical priniciples

- 1. MDR/XDR-TB global epidemiology (including the epidemiology of HIV co-infection) Susan Van Den Hof (Netherlands)
- 2. Laboratory tools available to diagnose DR-TB Christopher Gilpin (Switzerland)
- 3. DR-TB case finding strategies Sundari Mase (USA)
- 4. DR-TB surveillance and surveys: policy and practice Matteo Zignol (Switzerland)
- 5. Designing a treatment regimen for MDR-TB: presentation of a clinical case Jose Caminero Luna (Spain)
- 6. Principles in designing a treatment regimen for DR-TB and WHO recommended strategy Jose Caminero Luna (Spain)
- 7. Using new anti-TB drugs in the treatment of MDR-TB Francis Varaine (France)
- 8. Treatment regimen for special MDR-TB situations: presentation of a clinical case Rocio Hurtado (USA)
- 9. HIV co-infection, pregnancy, childhood MDR-TB Rocio Hurtado (USA)
- 10. Surgery in the management of MDR-TB Andrey Maryandyshev (Russian Federation)



# INTEGRATING PALLIATIVE CARE INTO THE CONTINUUM OF MDR-TB CARE

## TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

TB other

# DURATION

Half-day

# MAX ATTENDEES

60

# COORDINATOR(S)

Alisha Smith-Arthur (USA), Hala Rahman-Jassim-Al-Mossawi (USA)

# CHAIR(S)

Hala Rahman-Jassim-Al-Mossawi (USA), Stephen Connor (USA)

# TARGET AUDIENCE

- 1. TB/MDR-TB programme managers
- MDR-TB clinicians and nurses
- 3. Community-based organisations

## DESCRIPTION

Tuberculosis and multidrug-resistant tuberculosis (TB/MDR-TB) remain a leading cause of morbidity, and ongoing challenges in timely access to appropriate treatment result in a significant need for patient-centered services. These services improve the quality of life for all patients, especially for the estimated 10% of MDR-TB patients who fail to convert or get cured. For these patients, there is a crucial need to develop a public health model integrating palliative care into TB programmes as part of the post-2015 TB agenda. Through presentations and discussion, this course will provide participants with an overview of key approaches to integrating palliative care into the TB/MDR-TB continuum of care.

# **OBJECTIVES**

- 1. To outline the need for stronger palliative care for TB patients in the post-2015 environment
- 2. To describe how domains of palliative care can complement MDR-TB care
- 3. To identify strategies for introducing high-quality palliative care for TB patients in a continuum of care
- 4. To build knowledge of key approaches to integrate palliative care into existing health services

# PRESENTATIONS

- 1. Palliative care and the WHO End TB strategy Ernesto Jaramillo (Switzerland)
- WHA/WHO Resolution on Palliative Care: implications for integration into national TB programmes Stephen Connor (USA)
- Framework for integrating palliative care into MDR-TB continuum of care Hala Rahman-Jassim-Al-Mossawi (USA)
- 4. Palliative care programmes for children Busi Nkosi (South Africa)
- 5. Developing palliative care guidelines in South Africa Siphiwe Mndaweni (South Africa)
- 6. The importance of mental health in the recovery of MDR- and XDR-TB patients Dalia Marlene Guerra Echevarria (Peru)

POST-GRADUATE COURSE 09 ► 13:00 - 16:00 ► ROOM MR 1.42



# **ESTABLISHING COMMUNITY MDR-TB PROGRAMMES**

# TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

Patient-centred care

# DURATION

Half-day

# MAX ATTENDEES

75

# COORDINATOR(S)

Alisha Smith-Arthur (USA), Manith Hang (USA)

# CHAIR(S)

Refiloe Matji (South Africa), Paul Daru (Bangladesh)

# TARGET AUDIENCE

- 1. Policy-makers
- 2. TB and MDR-TB programme managers
- 3. TB and MDR-TB clinicians and nurses

# DESCRIPTION

This course will provide practical information regarding decentralised community-based MDR-TB treatment programmes. Topics will provide participants information related to successful design, implementation and monitoring of community MDR-TB services based on population needs. The course will cover planning and budgeting, provider/personnel training, information and data sharing, adherence and retention in care, use of technology, and quality assurance. The outcome will be a stronger understanding of the elements to provide effective, patient-centered decentralised MDR-TB treatment

# OBJECTIVES

- Describe detailed steps to design, plan and run a programme for community-based management of MDR TB
- 2. Provide practical examples of the initiation of community based MDR-TB services in a variety of contexts
- 3. Describe approaches to improve patient-centred care for MDR TB patients

- 1. Designing a community-based MDR-TB programme: key considerations Refiloe Matji (South Africa)
- 2. Developing community support cadres for MDR-TB treatment in Indonesia Esty Febriani (Indonesia)
- 3. Approaches to working with private providers to improve access to MDR-TB services in local communities in Georgia Tamar Gabunia (Georgia)
- Strengthening referral linkages and follow-up in decentralised MDR-TB systems of care Robert Makombe (South Africa)
- 5. Planning and building coalitions between providers and service points Samson Haumba (Swaziland)
- 6. Incorporation of mHealth solutions to support case management in Bangladesh Paul Daru (Bangladesh)
- 7. Incorporating social support and ensuring patient-centred care Jennifer Furin (USA)



# MAKING SENSE AND USE OF ROUTINE TB DATA FOR MANAGEMENT

# TRACK

Advancing the End TB strategy and other policy issues

TRACK2

TB epidemiology

DURATION

Full-day

# **MAX ATTENDEES**

50

# COORDINATOR(S)

Einar Heldal (Norway), Riitta Dlodlo (Zimbabwe)

# CHAIR(S)

Charles Sandy (Zimbabwe), Riitta Dlodlo (Zimbabwe)

# TARGET AUDIENCE

- 1. TB and HIV programme staff at all levels
- 2. Technical consultants
- 3. Health policy decision makers and programme managers

## DESCRIPTION

The course introduces a user-friendly guide to the use of routine TB data in managing TB programmes. The guide was developed by the Zimbabwe National TB Programme with technical support from The Union/TB CARE. It is also planned as a Union generic guide. Participants will learn how health staff and managers at all levels assess their own TB data during supervision and performance review meetings to identify low-performing areas and agree on targeted interventions. The approach strengthens implementation of plans, health staff's ownership of data, data quality, content of supervision, follow-up of training, use of supplies, ETR, and ultimately, patient care.

# **OBJECTIVES**

- 1. Introduce a user-friendly guide on the use of routine TB data on key components of TB programmes
- 2. Acquire skills in data tabulation and interpretation through practical examples
- 3. Highlight supportive supervision using checklists and guided by routine data ("data-driven")
- 4. Promote quarterly performance review meetings where local staff analyse and use their own data
- 5. Discuss how to roll out the guide in countries: disseminating and training

# PRESENTATIONS

- 1. Introduction: key questions to be answered by the recording and reporting system, indicators to be monitored, recording and reporting tools Charles Sandy (Zimbabwe)
- 2. How to use electronic recording and reporting in the best way Patrick Hazangwe (Zimbabwe)
- 3. How to tabulate and analyse data at facility level, with exercises Nicholas Siziba (Zimbabwe)
- 4. How to tabulate and analyse data at district level, with exercises Ronald Ncube (Zimbabwe)
- 5. How to tabulate and analyse data at provincial level, with exercises Millo Ngobile (Zimbabwe)
- 6. How to use data for decision making at different levels Christopher Zishiri (Zimbabwe)
- 7. How to conduct performance review meetings Nicholas Siziba (Zimbabwe)
- 8. How to conduct data-driven supportive supervision Milo Ngobile (Zimbabwe)
- 9. Rolling out the guide in the country and maintaining its use Riitta Dlodlo (Zimbabwe), Einar Heldal (Norway)

POST-GRADUATE COURSE 11 ► CANCELLED



# RISK FACTOR MANAGEMENT AND TUBERCULOSIS CONTROL

# POST-GRADUATE COURSE 12 ▶ 09:00 - 16:00 ▶ MARCO POLO-WESTIN



# KEY COMPONENTS OF EFFECTIVE AND SUSTAINABLE TUBERCULOSIS INFECTION CONTROL PROGRAMME

# TRACK

TB infection control

# DURATION

Full-day

# MAX ATTENDEES

40

# COORDINATOR(S)

Grigory Volchenkov (Russian Federation), Paul Jensen (USA)

# CHAIR(S)

Edward Nardell (USA), Paul Jensen (USA)

# TARGET AUDIENCE

- NTP managers, infection control specialists, TB laboratory managers
- 2. TB/HIV coordinators, TB doctors and nurses, epidemiologists
- 3. Engineers and architects

## DESCRIPTION

TB transmission in healthcare and congregate settings, especially where drug-resistant TB and HIV are highly prevalent, continues to drive the TB epidemic. Even with increasingly available resources for TB infection control interventions, lack of updated knowledge and skills makes development of effective and sustainable risk reduction programmes challenging. This course will address a priority-based approach to TB infection control programme development, monitoring and evaluation and introduce recently developed guidelines and recommendations.

# OBJECTIVES

- 1. Introduce TB transmission concept and airborne infection control hierarchy
- 2. Discuss key components of administrative and environmental controls and personal respiratory protection
- 3. Provide overview of airborne infection-related laboratory biosafety interventions
- 4. Introduce new germicidal ultraviolet irradiation for TB IC guidelines
- Provide overview of monitoring and evaluation methodologies for TB infection control programmes and interventions

# PRESENTATIONS

- Theory of airborne infections transmission. TB transmission in high DR-TB/HIV burden settings Max Meis (Netherlands)
- Occupational risk factors for TB among healthcare workers: policies and practices Carrie Tudor (South Africa)
- 3. Implementation and impact of FAST strategy Edward Nardell (USA)
- Environmental controls: making natural and mechanical ventilation effective and affordable Paul Jensen (USA)
- 5. Upper room UVGI: new guideline introduction. Concept and application issues Edward Nardell (USA)
- 6. Sustainable building design for airborne infection control Garry Blackwelder (USA)
- 7. Laboratory biological safety: integration of controls Matsie Mphahlele (South Africa)
- 8. Making personal respiratory protection programme feasible Grigory Volchenkov (Russian Federation)
- 9. Measuring the impact of TB infection prevention and control interventions Edward Nardell (USA)
- 10. What makes TB infection control programme effective? Paul Jensen (USA)

# POST-GRADUATE COURSE 13 ► 09:00 - 16:00 ► SIR FRANCIS DRAKE-WESTIN

# •

# STRENGTHENING TB CASE FINDING AND PREVENTION IN HIGH-RISK POPULATIONS

# TRACK

HIV and TB co-infection

# TRACK2

Latent TB infection (LTBI)

# DURATION

Full-day

# MAX ATTENDEES

40

# COORDINATOR(S)

Riitta Dlodlo (Zimbabwe), Rajita Bhavaraju (USA)

# CHAIR(S)

Paula Fujiwara (USA), Alberto Matteelli (Italy)

# TARGET AUDIENCE

- Physicians/nurses working with persons at risk for progression to TB disease
- 2. TB programme staff who make decisions about TB treatment protocols

# DESCRIPTION

This course is for healthcare workers who work in high-burden settings with persons at high risk for TB infection and progression toactive disease, including children <5, people living with HIV and other risk factors, and recent close contacts of persons with infectiousTB disease. Topics include basic TB control strategies, pathogenesis of TB disease, diagnosis of latent TB Infection in high-riskpersons, preventive treatment options and the role of monitoring and evaluation. The format consists of lectures, case studies, roleplays and exercises. Basic TB knowledge is recommended.

# OBJECTIVES

- 1. Identify persons at risk for TB infection and progression to TB disease, once infected
- 2. Describe the standards for prescribing preventive therapy in at-risk infected persons
- 3. Apply contact tracing skills to find and prevent community transmission
- 4. Identify the appropriate diagnostic testing for TB infection
- 5. Develop strategies for implementation, monitoring and evaluation of latent TB infection management
- 1. Overview of course content and format Rajita Bhavaraju (USA)
- 2. Participant introductions and challenges Riitta Dlodlo (Zimbabwe)
- 3. Transmission and pathogenesis of tuberculosis Amee Patrawalla (USA)
- 4. Risk factors and vulnerable populations Chen-Yuan Chiang (Taiwan)
- 5. Testing for latent TB infection in adults and children Alberto Matteelli (Italy), Anne Detjen (USA)
- 6. Preventive therapies Jose Caminero Luna (Spain)
- 7. Contact tracing Stephen M Graham (Australia)
- 8. Case presentations Neil Schluger (USA)
- Programmatic implementation and monitoring of systematic testing and treatment for latent TB infection Alberto Matteelli (Italy), Anne Detien (USA)
- 10. Conclusion, post-course test, post-course assessment, and evaluation Rajita Bhavaraju (USA)



# ENSURING MDR-TB PATIENT INFORMATION AND ADHERENCE COUNSELLING ARE KEY PART OF PATIENT-CENTRED CARE

# TRACK

Patient-centred care

# ORGANISED BY

MSF and USAID/Systems for Improved Access to Pharmaceuticals and Services and Programme

# DURATION

Full-day

# MAX ATTENDEES

150

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Antonia Kwiecien (USA), Leigh Snyman (South Africa)

# CHAIR(S

Grania Brigden (France), Jennifer Hughes (South Africa)

# TARGET AUDIENCE

- Physicians, nurses, pharmacists, community health teams, other health care providers
- 2. NTP managers, donors, technical partners, NGOs, civil society

# DESCRIPTION

While models of TB care delivery vary, many lack counselling and education for MDR-TB patients on their treatment medications and the importance of adherence. Access to available patient support mechanisms is often neglected or minimally integrated within treatment programmes. Everyone involved in TB patient care, particularly for MDR-TB, needs the knowledge and skills to successfully design, deliver and monitor patient support provided. This workshop aims to share the existing body of knowledge and experience, while cogenerating new knowledge needed to meet WHO's END-TB Strategy.

# OBJECTIVES

- Learn about patient support strategies that could be considered for integration into treatment programmes
- 2. Gain an in-depth understanding of approaches to patient information and adherence counselling
- 3. Identify good practices and apply patient adherence counselling techniques during interactive exercises
- 4. Guide participants on ways to build and sustain systems for information and counselling
- 5. Recognise that patient communication is a central clinical function in the delivery of quality TB care

# XPECTED OUTCOME

By the end of the workshop, participants will 1) be apprised about multiple dimensions of patient information and adherence counselling; 2) learn about various tools available to support the implementation of patient-centred care; 3) develop tailored solutions based on local context and specific populations to ensure that patients are empowered to adhere to their treatment; 4) determine the need for competencies, tools and assessment methods for community workers, counsellors and support staff; 5) set up a patient support forum for continuing post-workshop discussions.

- Patient advocacy in post-Soviet states: putting patients at the centre of TB care and ensuring they get support — Oxana Rucsineanu (Moldova)
- 2. Considerations for patient counselling and addressing barriers to TB treatment adherence in correctional facilities Elchin Mukhtarli (Azerbaijan)
- Specific techniques for overcoming the challenges of adolescents adhering to TB treatment Petros Isaakidis (India)
- 4. Interactive case study: palliative care as an essential part of DR-TB care Leigh Snyman (South Africa)
- 5. A comprehensive patient support intervention to improve adherence to DR-TB treatment Leigh Snyman (South Africa), Busisiwe Beko (South Africa)
- The challenges of maintaining adherence in DR-TB patients with hearing loss: a personal perspective Phumeza Tisile (South Africa)
- 7. Strengthening medication counselling and adherence support for DR-TB patients Antonia Kwiecien (USA)
- 8. Interactive session: different populations and geographical settings tailoring patient support to meet local needs Saar Baert (South Africa)



# THE GLOBAL FUND'S NEW FUNDING MODEL: COUNTRY EXPERIENCES WITH MOVING TOWARD GRANT IMPLEMENTATION

# TRACK

Advancing the End TB strategy and other policy issues

# ORGANISED BY

USAID and the Global Fund

# DURATION

Full-day

# MAX ATTENDEES

150

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Sevim Ahmedov (USA)

# CHAIR(S)

Mohamed Yassin (Switzerland), Lucica Ditiu (Switzerland)

# TARGET AUDIENCE

- 1. TB programme managers
- 2. Policy-makers
- 3. Healthcare professionals at the country level

# DESCRIPTION

The implementation of the New Funding Model has generated valuable country experiences and lessons learnt as a significant number of countries have gone through the application process. The NFM is the operational expression of the GF Strategy 2012-2016, and is designed to maximise investments in a more effective manner by focusing resources on those countries which have the highest disease burden and lowest ability to pay. Most countries will have submitted their TB concept notes by mid-2015. Countries will discuss their experiences in implementing the concept notes.

# OBJECTIVES

- To present countries' experiences on the implementation of the new funding model in resourcelimited settings
- 2. To discuss concept note development, grant making and implementation
- 3. To share lessons learnt and inform steps for future implementation

## XPECTED OUTCOME

Participants will complete this workshop with an understanding of the challenges and lessons learnt by countries and relevant stakeholders from the submission of the Global Fund concept note, through the grant-making process, to grant implementation. Participants working at the country level will be able to share their experiences with each other and determine ways to overcome challenges.

- Using Global Fund data to drive success: the TB situation room Lisa Leenhouts-Martin (Switzerland), Lucica Ditiu (Switzerland)
- 2. The grant-making process and the implementation of the TB/HIV concept note in Zambia Rhehab Chimzizi (Zambia), Nathan Kapata (Zambia)
- 3. Addressing the issue of limited funding for TB: Bangladesh's experience Abdul Hamid (Bangladesh)
- 4. Expanding MDR-TB treatment: Pakistan's experience Abdul Ghafoor (Pakistan)
- 5. Do we have to choose between DOTS and MDR-TB? Uganda's experience Frank Mugabe (Uganda), Claudio Marra (Uganda)
- 6. Setting targets: the Philippines' experience Mariquita Mantala (Philippines)
- Community engagement in the new funding model: the experience of the Global Coalition of TB Activists (GCTA) – Blessina Kumar (India), Mayowa Joel (Nigeria)
- Incorporating data from new prevalence survey results into CNs: Ghana's experience Frank Bonsu (Ghana)
- Grant implementation: best practices and addressing bottlenecks Christian Gunneberg (Switzerland), Sahu Suvanand (Switzerland)
- 10. Adding value through a regional approach to the NFM: the experience of the ECSA regional concept noteStephen Muleshe (Tanzania, United Rep.)



# WHO CONSOLIDATED GUIDELINES FOR TREATMENT OF TUBERCULOSIS

# TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

Drug-sensitive TB care and treatment, including trials

# ORGANISED BY

World Health Organization (WHO)

**DURATION** Full-day

MAX ATTENDEES 150

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Ernesto Jaramillo (Switzerland), Linh Nguyen (Switzerland) CHAIR(S)

Karin Weyer (South Africa), Bernard Fourie (South Africa)

# TARGET AUDIENCE

- Physicians, nurses, NTP managers, and public health professionals
- 2. Policy-makers, donors, academia, NGOs and international technical partners

## DESCRIPTION

In early 2015, the WHO began the process to update guidelines on treatment of DS-TB (2009) and the guidelines for programmatic management of DR-TB (2011). It is anticipated that by the time of the 46th Union World Conference on Lung Health, there will be a draft of the first WHO consolidated guidelines for the treatment of both DS-TB and DR-TB. The consolidated guidelines will be published in March 2016. The workshop will be an opportunity for participants to discuss the preliminary recommendations in the draft guidelines and to provide feedback to WHO before finalising the recommendations.

# **OBJECTIVES**

- To present the process and methods applied by WHO for evidence synthesis and development of recommendations
- 2. To present the main draft recommendations that will be part of the consolidated WHO TB treatment quidelines
- 3. To provide a forum for a variety of stakeholders to provide feedback to WHO on the draft guidelines **EXPECTED OUTCOME**
- 1) Participants are informed about processes and methods applied by WHO for evidence synthesis and development of the up-coming consolidated guidelines on TB treatment of WHO; 2) Participants learn about the draft of evidenced-based recommendations for treatment of drug-susceptible TB (DS-TB), drug-resistant TB (DR-TB), HIV-positive TB, latent TB infection (LTBI) and other cross-cutting issues that will be part of WHO consolidated guidelines on TB treatment to be released in early 2016; 3) WHO gets feedback from participants on the draft of the recommendations for TB treatment presented at the workshop..

# PRESENTATIONS

- Scope, processes of updating the guidelines and overview of GRADE assessment of evidence Dennis Falzon (Switzerland), Ernesto Jaramillo (Switzerland)
- 2. Treatment of drug-susceptible TB: duration, frequency and composition of regimens for new and previously treated TB Giuliano Gargioni (Italy)
- 3. Treatment of paediatric TB Stephen M Graham (Australia)
- 4. Treatment of mono-/poly-resistant TB, rifampicin-resistant and MDR-TB Richard Menzies (Canada)
- 5. Treatment of XDR-TB Charles Daley (USA)
- 6. Treatment of drug-susceptible TB and drug-resistant TB for HIV-infected patients and TB preventive treatment for people living with HIV Avinash Kanchar (Switzerland)
- 7. Preventive treatment for LTBI of drug-susceptible TB, drug-resistant-TB, in children and special situations Alberto Matteelli (Italy)
- 8. Treatment adherence, models of care, social support and nutrition supplement Linh Nguyen (Switzerland)
- 9. WHO guidance on ethics of TB prevention, diagnosis, treatment and care Ernesto Jaramillo (Switzerland)
- 10. Safety of anti-TB drugs Antonia Kwiecien (USA)

# WORKSHOP 09 ► CANCELLED



# POST 2015 GTB TECHNICAL SUPPORT COORDINATION FOR GLOBAL FUND GRANTS AND CONCEPT NOTES FOR END TB STRATEGY



# APPLICATION OF PROGRAMME GUIDELINES FOR COMMUNITY-DRIVEN PROJECTS TO ELIMINATE TB AMONG MIGRANTS

## TRACK

TB in vulnerable and special populations

# TRACK2

Advancing the End TB strategy and other policy issues

# ORGANISED BY

LHL, IOM, MCN

**DURATION Half-day** 

# MAX ATTENDEES 100

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Gilles Cesari (Switzerland), Deliana Garcia (USA)

# CHAIR(S

Davide Mosca (Switzerland), Merete Taksdal (Norway)

# TARGET AUDIENCE

- Patients, migrants
   associations, advocates,
   NGOs, healthcare
   professionals
- 2. Policy-makers, public health officials, international organisations
- 3. WHO, donors

## DESCRIPTION

A conservative estimate of TB among the 915,000 migrating in-country and externally is cause for concern. Developing sustainable community-driven, migrant—specific projects is essential to global TB elimination. Participants at the 2014 Union conference catalogued and consolidated into a brief document the barriers to and necessary conditions for addressing TB among migrants. This document will be reviewed and real-life examples provided of initiatives to address screening, continuity of care, finding the undiagnosed cases, and understanding the burden of and access to healthcare for migrants with TB.

## OBJECTIVE

- To provide a guidance for migrant-specific programme development generated from the results of the 2014 workshop
- To guide participants on ways to build and sustain community-driven projects addressing migrant communities
- 3. To present successful field examples of public/private partnerships addressing TB in migrant communities
- 4. To provide other international guidance documents addressing TB and migration
- To provide training and technical assistance on addressing TB in migrant populations for funding applications

# EXPECTED OUTCOME

This workshop provides a review of the migrant-specific programme development guidelines created as the result of facilitated group discussions and other funding guidance received during 2014-2015. Five field examples of migrant initiatives with successful strategies for screening, assuring access to healthcare, finding undiagnosed cases, providing continuity of care and understanding the burden of TB in migrant communities world-wide will be presented. A brief training on addressing migrant-specific programmes in funding requests is also included.

# PRESENTATIONS

- Review of the guidance for the development of migrant-specific TB programmes Gilles Cesari (Switzerland)
- 2. TB screening for authorised and unauthorised migrants Anh Innes (Thailand)
- 3. Providing global continuity of care for migrant TB patients Edward Zuroweste (USA)
- 4. Finding the undiagnosed cases in migrant communities Koulai MV Iro (Côte D'Ivoire)
  5. Understanding the burden of TB within migrant populations Paul Douglas (Australia)
- 6. Including migrant-specific programmes in funding proposals Deliana Garcia (USA)

**WORKSHOP 11** ▶ 13:00 - 16:00 ▶ ROOM MR 2.44-2.46



# TOWARDS A COMMUNITY AND PATIENT-CENTRED MOVEMENT

# TRACK

Civil society / patient & community engagement

# ORGANISED BY

Stop TB Partnership

**DURATION** Half-day

# MAX ATTENDEES 30

# MEETING TYPE

Open meeting

# COORDINATOR(S)

Colleen Daniels (USA)

# CHAIR(S)

Lucica Ditiu (Switzerland), Mayowa Joel (Nigeria)

# TARGET AUDIENCE

- Civil society organisations (CSOs), affected communities
- Leaders, influencers and decision makers, including political, religious and government
- 3. Donors (national and international), private sector

# DESCRIPTION

Building a movement for tuberculosis (TB) is critical to finding and supporting the three million missing TB cases. Maintaining a sustainable community and health system that is responsive to the needs of TB patients and communities requires a system of accountability that is embedded within communities. Movements in response to HIV/AIDS have achieved much results as they have been driven by those affected, whereas advocacy for TB is weak and often fractured and isolated resulting in critical, but small, achievements. A movement is needed to bring about the change required in TB response.

# OBJECTIVES

- Discuss and share some of the lessons learnt from successful movements in the current history of development
- 2. Showcase current initiatives of TB patients and communities led by country or regional groups
- 3. Begin to discuss and garner support for building a successful global TB movement

# EXPECTED OUTCOME

National programmes have achieved good results in the fight against TB, but movements — whether advocacy or activism — are ultimately what has proven to work in advocating for change. It is through activism that we can catalyse for better TB diagnostic systems, new thinking around management of multidrug resistance, better pediatric management of TB and an enabling environment for those affected by TB. Through this workshop, we hope to garner support for building a successful global TB movement.

- 1. Building a movement: what are the various types of movements? Blessina Kumar (India)
- 2. Peru: patient-to-patient support, a lived reality Melecio Amaya (Peru)
- 3. Indonesia: coming together to a movement Samhari Baswenden (Indonesia)
- 4. Nigeria: 'Speaking in one voice' Ibrahim Umoru (Nigeria)
- 5. TB European Coalition: supporting patient involvement beyond borders Oxana Rucsineanu (Moldova)
- Stop TB Partnership: creating and supporting an enabling environment for the TB community –
   Ntombekhaya Matsha-Carpentier- (Switzerland)



# MONITORING AND EVALUATION IN ACTIVE CASE FINDING: THE TB REACH APPROACH

# TRACK

Advancing the End TB strategy and other policy issues

# TRACK2

TB epidemiology

# ORGANISED BY

Mott MacDonald (London) and KIT (Amsterdam) acting as the independent M&E Agency for TB REACH

**DURATION** Half-day

# MAX ATTENDEES 50

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Oriol Ramis (Spain), Lucie Blok (Netherlands)

# CHAIR(S)

Cheryl Boon (Canada), Uzma Khan (United Arab Emirates)

# TARGET AUDIENCE

- Practitioners involved or with interest in monitoring and evaluation (M&E)
- 2. Health agency decision makers involved in developing health agendas

# DESCRIPTION

Three challenges in evaluation are how to: (1) measure impact, (2) ascertain the contribution of a project or activity to the observed changes, and (3) estimate the likely effect of replication. TB REACH, following work in FIDELIS, uses the concept of additionality as an impact measure in active case finding projects in combination with process indicators derived from project (yield) data and contextual information for contribution analysis. We offer a practical learning workshop based on case studies and directed group work for practical dissemination of the TB REACH monitoring and evaluation (M&E) experience and discussion of M&E requirements in elimination phases.

# OBJECTIVES

- 1. To provide an overview of the state of the art in M&E of public health interventions in TB
- 2. To present the logic, methodology and experience of M&E of the TB REACH initiative administered by the Stop TB Partnership
- 3. To discuss the strengths and weaknesses of the M&E approach used
- 4. To discuss requirements for M&E of initiatives under the new elimination agenda

# EXPECTED OUTCOME

Participants will finish the workshop familiar with the current debate around monitoring and evaluation in TB public health interventions, acquainted with the concept of additionality as a measure of impact used in the TB REACH initiative of the Stop TB Partnership and having participated in the preparation of a document describing issues to be considered in M&E of new initiatives.

# PRESENTATIONS

- 1. Monitoring and evaluation (M&E): existing and competing conceptual frameworks Lucie Blok (Netherlands), Oriol Ramis (Spain)
- 2. Additionality: the logic, the concept and the practice of additionality calculation as a measure of effectiveness Jacob Creswell (Switzerland), Lucie Blok (Netherlands)
- 3. Group work/case studies: considering trends and overlaps, missing baselines and conditions in dense urban areas. Uzma Khan (United Arab Emirates), Miranda Brouwer (Netherlands)
- 4. Use of routine and project data for M&E during and after the preparation of national strategic plans leading to pre-elimination Mirjam Bakker (Netherlands), Andrew Codlin (Switzerland)

# WORKSHOP 13 ► 13:00 - 16:00 ► BALLROOM EAST - WESTIN



# CHALLENGES OF DR-TB TREATMENT IN INDIA AND OPPORTUNITIES BEYOND 2015: PATIENT VOICES FROM INDIA

# TRACK

Civil society / patient & community engagement

# ORGANISED BY

Global Coalition of TB Activists

**DURATION** Half-day

MAX ATTENDEES 100

# MEETING TYPE

Open meeting

# COORDINATOR(S)

Blessina Kumar (India)

# CHAIR(S

Soumya Swaminathan (India), Nalini Krishnan (India)

# TARGET AUDIENCE

- 1. Patients and patient representatives
- 2. Community and global advocates, activists
- Country-level implementers, NTPs, CSOs, nongovernmental organisations (NGO), community-based organisations (CBO)

# DESCRIPTION

As India struggles with its emerging DR-TB crisis, the patient voices continue to be missing. This symposium will bring patients' voices from India to an international platform for the first time to help build understanding of some of the challenges DR-TB patients face within their homes, communities and the health system.

# OBJECTIVES

- 1. Understand the key challenges that DR-TB patients in India face in accessing appropriate care
- 2. Understand economic, social and psychological challenges faced by DR-TB patients
- 3. Examine global examples of how some of these challenges have been addressed
- 4. Identify some key policy and programmatic solutions that can effectively address these challenges

# EXPECTED OUTCOME

Solicit inputs of the implementers, national TB programmes (NTPs), civil society organisations (CSOs) and TB patients from different regions on how to better address the DR-TB situation and suggest policy and programmatic changes.

- 1. Challenges of DR-TB treatment in India and opportunities beyond 2015: patient voices from India Deepti Chavan (India)
- 2. NTP agenda beyond 2015 Kuldeep Singh Sachdeva (India)
- 3. What it takes to turn the tide Blessina Kumar (India)
- 4. The urgent need to address TB/HIV together Upasna Agarwal (India)
- 5. My story: frontline healthcare workers, vulnerabilities to DR-TB Blessina Kumar (India)
- 6. My story: DR-TB challenges in children Divyanshu Jain (India)



# ACCESS TO TB MEDICINES BEYOND 2015: THE DYNAMICS OF DEMAND AND SUPPLY

# TRACK

Advancing the End TB strategy and other policy issues

# ORGANISED BY

USAID, USAID/SIAPS, Global Fund, UNITAID, GDF, CHAI

# **DURATION** Full-day

MAX ATTENDEES 150

# MEETING TYPE

Open meeting

# COORDINATOR(S)

Andre Zagorskiy (USA), Joel Keravec (Brazil)

# CHAIR(S)

Cheri Vincent (USA), Silas Holland (Switzerland)

# TARGET AUDIENCE

- 1. NTP managers,
- 2. Supply chain officers,
- 3. Global Fund prime recipients, implementers

## DESCRIPTION

Ensuring an uninterrupted supply and equitable access to quality-assured TB medicines remains a challenge despite major progress in global and country procurement and supply chain management systems. However, capacity for pharmaceutical management remains weak at the country level. The post-2015 TB medicines market dynamics are evolving rapidly in light of the increasing role of domestic funding for TB control in middle-income countries. This workshop is designed to inform participants how stakeholders are working together to confront the challenges in procurement and supply chain management.

# OBJECTIVES

- Describe post-2015 global market dynamics for TB medicines and the implications for TB programme management
- Learn about systems to reduce risks of stock-outs, including reliable forecasting and early warning systems
- Understand opportunities to optimise the use of global donor funding to address post-2015 market challenges
- Review market-shaping opportunities to improve country/NTP purchasing power, including purchase of novel medicines
- Understand need for standardisation, validation, reporting and sharing the data for market interventions

# EXPECTED OUTCOME

At the end of the workshop participants will: (i) understand the challenges of the shifting post-2015 global TB medicines market; (ii)recognise the actions needed to strengthen or establish the many elements needed to address the persistent threat of stockouts, such as reliable data collection and quality assurance, ongoing data reporting to a central clearinghouse, simple forecasting and quantification tools, open dashboards, active monitoring and early warning systems; and (iii) learn how other countries have implemented these actions and are adapting to the post-2015 global TB medicines market dynamics.

- 1. Current and post-2015 strategies to expand access to TB medicines Silas Holland (Switzerland)
- 2. Donor view: ensuring access to innovative treatments and technical assistance Cheri Vincent (USA)
- TB global market 2015 and beyond: evolving trends and market dynamics highlights Suvanand Sahu (Switzerland)
- 4. UNITAID post-2015 strategy and TB commodities supply Robert Matiru (Switzerland)
- 5. Strategies and tools for demand consolidation, data sharing and monitoring Luis Gustavo Bastos (USA)
- 6. Better access, lives and money saved: early warning systems at country level in action Salama Mwatawala (Tanzania, United Rep.), Charles Mwichigi Njuguna (Kenya)
- 7. Linking donors, partners and NTP through data sharing: Tajikistan experience Maya Kaytaradze (Georgia)
- 8. New drug and regimen implications on the market: lessons learnt from product uptake Sana Mostaghim (USA)
- 9. Pricing and market impact of new TB medicines and regimens Nimalan Arinaminpathy (UK)



# MOLECULAR DIAGNOSTICS: BRINGING TOGETHER THE BASIC SCIENCE AND CLINICAL WORLDS

# TRACK

TB diagnostics, including molecular methods

# TRACK

Drug resistance determination - molecular and phenotypic

# ORGANISED BY

Whitehead Scientific; Hain Life Sciences

**DURATION** Full-day

MAX ATTENDEES 75

MEETING TYPE Open meeting

# COORDINATOR(S)

Lynsey Isherwood (South Africa), Siva Danaviah (South Africa)

Daniela Maria Cirillo (Italy), Francesca Conradie (South Africa)

# TARGET AUDIENCE

- 1. Researchers, clinicians, laboratory personnel
- Diagnostic assay developers (researchers and industry)
- 3. Policy-makers, guideline development committee members, programme heads

# DESCRIPTION

This workshop aims to encourage debate amongst scientists and clinicians on the generation, interpretation and translation of molecular data to improve patient management and advance research into TB pathogenesis and molecular epidemiology. Attendees will be able to gain a better understanding of current molecular assays and analysis tools with the inclusion of practical demonstrations and interactive discussions. Incorporating the clinical perspective enables discussions on the challenges of implementation, particularly in high TB-burden and/or resource-limited settings.

# OBJECTIVES

- 1. Present an update on the advances in TB molecular diagnostics and genotyping
- 2. Foster better understanding of molecular diagnostics and TB genotyping
- Engage clinicians in discussions on the implementation, utility and understanding of molecular diagnostics
- 4. Understand the limitations and advantages of molecular assays
- 5. Advance translation of molecular data into practical management strategies

## XPECTED DILTCOME

This workshop aims to build on discussions on molecular TB diagnostic tools, analyses and implementation. By bringing together laboratory scientists and clinicians, we hope to formulate a clearer roadmap towards implementing molecular diagnostics in the clinical setting.

- 1. Advances in TB molecular diagnostics: a global overview David Dolinger (Switzerland)
- DST using phenotypic or genotypic approaches: current state of knowledge Christopher Gilpin (Switzerland)
- 3. Update on the status of data sharing Enrique Aviles (USA)
- 4. Molecular diagnostics: laboratory-based training Shaheed Vally Omar (South Africa), Andrea Cabibbe (Italy)
- 5. NGS of M. tuberculosis: standardisation, web-based systems and analyses pipelines Stefan Niemann (Germany), Ruben Van Der Merwe (South Africa)
- 6. Introduction to bioinformatics: training Matthias Merker (Germany), Viola Schleusener (Germany)
- 7. *M. tuberculosis* heterogeneity as revealed by WGS analysis Robin Mark Warren (South Africa)
- 8. A comprehensive NGS proposal Derrick Crook (UK)
- 9. TB genotypic drug susceptibility testing in the clinic Alexander Pym (South Africa)
- 10. Building confidence in molecular diagnostics are we there yet: a clinical perspective Francesca Conradie (South Africa), Timothy Rodwell (USA)



# PHARMACOVIGILANCE FOR BEDAQUILINE, DELAMANID AND OTHER TB DRUGS AND REGIMENS

# TRACK

Drug-resistant TB care and treatment, including trials

# ORGANISED BY

USAID/SIAPS, WHO, End-TB Project (PIH, MSF, IRD), KNCV TB Foundation. MSF

# DURATION

Full-day

# MAX ATTENDEES

150

# MEETING TYPE

Open meeting

# COORDINATOR(S)

Chinwe Owunna (USA), Askar Yedilbayev (USA)

# CHAIR(S)

Ernesto Jaramillo (Switzerland), Michael Rich (USA)

# TARGET AUDIENCE

- National TB programme managers, technical partners, national regulatory authorities, donors
- 2. Physicians, nurses, healthcare workers, academics

## DESCRIPTION

The WHO recommends new TB medicine use under conditions that include active pharmacovigilance and proper management of adverse drug reactions (ADRs). Adverse drug events from poor product quality, medication errors and ADRs contribute significantly to morbidity and mortality. Many countries have introduced new TB medicines or introduced new TB regimens. Monitoring patient safety is essential since new TB medicines have not been tested in a wide population. Building a pharmacovigilance system should go hand in hand with ongoing scale-up of new TB medicine use.

# ORIFCTIVE

- 1. Learn about preventing and minimising risks to improve patient safety
- 2. Share recent practical experiences with cohort event monitoring for new TB drugs
- 3. Understand components needed for planning, implementing, budgeting and maintaining a PVS
- Share the currently available resources to assist countries in planning, implementing, and maintaining PVS

# EXPECTED OUTCOME

1) Participants have learnt the importance of building and maintaining country pharmacovigilance systems (PVS) according to WHO policies, while balancing patient access to new TB medicines for drug-resistant TB treatment; 2) Participants recognise the diverse perspectives of regulators, clinicians, programme managers, patients and donors concerning access and patient safety; 3) Practical experiences of PVS are shared and lessons are learnt from these examples; 4) Participants know where to access resources to assist in the planning and implementation of PVS in their countries.

# PRESENTATIONS

- 1. Active surveillance of TB drug safety concerns: WHO policy and strategy Dennis Falzon (Switzerland)
- 2. Building pharmacovigilance systems not a luxury but a necessity; TA to countries and lessons learnt Niranjan Konduri (USA), Chinwe Owunna (USA)
- 3. Reflections on challenges, success and future directions on active pharmacovigilance for new TB drugs Susan Van Den Hof (Netherlands), Edine Tiemersma (Netherlands)
- 4. Perspective from National Regulatory Authority To be confirmed
- 5. Increasing access to bedaquiline: USAID donation programme Ya Diul Mukadi (USA)
- 6. Choice of pharmacovigilance systems: when is cohort event monitoring necessary? Michael Rich (USA)
- 7. Early adopter #1: synthesis of lessons learnt from Belarus Alena Skrahina (Belarus)
- 8. Early adopter #2: synthesis of lessons learnt from Vietnam Nguyen Viet Nhung (Viet Nam)
- 9. Practical experience of pharmacovigilance in the introduction of bedaquiline in Armenia Catherine Hewison (France)
- Budget components for pharmacovigilance activities: experience from Indonesia Triya Novita Dinihari (Indonesia)

# WORKSHOP 17 ► CANCELLED



# BUDGETING FOR TB CARE AND CONTROL IN AN INTEGRATED FASHION: ONE DAY ONEHEALTH TOOL INTRODUCTION

# **MEETINGS**

# **UNION ADMINISTRATIVE MEETINGS**

12:00-14:00 ► ROOM MR 1.41

# EDITORIAL BOARD OF THE INTERNATIONAL JOURNAL OF TUBERCULOSIS AND LUNG DISEASE

ATTENDEES: IJTLD Editorial Board members, Institute representatives

16:15-17:15

# UNION SCIENTIFIC WORKING GROUP MEETINGS

**ATTENDEES:** All members

The Union currently has 16 working groups that undertake specific projects within fixed time-frames. Activities undertaken by current groups include developing official policy statements, publishing technical guides and other resources, carrying out research projects, raising global awareness of topical TB and lung health issues and providing a forum for discussion and development. Self-funded, working groups rely on the support and dynamism of members in order to flourish and achieve their aims.

Non-Union members are welcome to attend the working group meetings and find out more about projects and plans for 2016, as well as how to become involved.

16:15-17:15	ROOM
Best practice for patient-centred care	Ballroom East-CTICC
Creating global Awareness of Zoonotic TB	MR 2.64-2.66
Getting research into tobacco control policy at regional and country level	Ballroom West-CTICC
Maternal-child TB	MR 2.61-2.63
Regional mobilisation of Nurses & Allied Professionals (NAPs)	MR 1.41
TB and mental health	MR 2.44-2.46
TB and migration	Ballroom East-Westin
TB control in prisons	Auditorium II
TB education and training	MR 1.42
TB, HIV and tobacco	MR 1.44
TB infection control	MR 2.41-2.43

# SIDE MEETINGS

09:00 - 12:30 ► ROOF TERRACE ► MEETING OPEN TO ALL DELEGATES

# ANNUAL MEETING OF THE STOP TB PARTNERSHIP

# **NEW DIAGNOSTICS WORKING GROUP (NDWG)**

# COORDINATORS

Alessandra Varga, FIND, NDWG Secretariat (Switzerland) **CHAIRPERSONS** 

Bill Rodriguez, FIND (Switzerland). Daniela Cirillo, San Raffaele Scientific Institute (Italy), NDWG Co-Chairs (Switzerland)

In this meeting we will review activities by the New Diagnostics Working Group as a coordination and communication platform to enable effective collaboration of stakeholders for accelerating progress in TB diagnostic research and development. We will more particularly report outcomes of recent meetings that the NDWG convened with partners to facilitate sharing and integration of sequencing data and to build consensus on high-priority Target Product Profiles. The session will also present progress in biomarker research for development of paediatric TB diagnostics, as well as latest study results on new technologies for multiplex drug susceptibility testing and for improved detection of TB at point-of-care and microscopy centre

In the second part of the session a panel of clinical and laboratory experts will explore the state of genotypic and phenotypic testing in the context of low- and middle-income countries with a high burden of MDR-TB. While the knowledge correlating phenotypic and genotypic methods is rapidly evolving and promises to transform detection of drug resistance, the evidence to recommend genotypic methods as a replacement for phenotypic drug susceptibility testing is not yet available. The session will provide perspectives for considering genotyping approaches as the only feasible solution for high-burden countries which don't have sufficient capacity for phenotypic testing. The panel will also discuss the challenges related to scaling-up genotypic methods into national guidance for treatment and management of MDR-TB in the low income setting.

13:30 - 17:00 ► ROOF TERRACE ► MEETING OPEN TO ALL DELEGATES

# 8<sup>™</sup> FIND SYMPOSIUM

# COORDINATORS

Claudia Denkinger, Alessandra Varga, FIND (Switzerland)

# CHAIRPERSON

Bill Rodriguez, FIND (Switzerland)

The FIND symposium will discuss the priority challenges in TB diagnostic development and implementation that need to be addressed in order to support the targets set by the End TB Strategy. In the first part of the session, FIND and partners will provide an update on the TB diagnostics pipeline and review recent advances in biomarker discovery, molecular technologies and connectivity.

The second part of the session will involve a panel discussion on the theme of "Improving private sector access to quality diagnostics". While TB is a major public health issue, a high number of patients in many high-burden countries and particularly in Asia seek care in the private health care sector, which is often associated with limited adherence to quidelines and considerable treatment delays. So far, the response to these challenges has mainly relied on public-private mix efforts, but novel systematic and sustainable approaches are needed to reach these patients and ensure that they have access to quality-assured diagnosis. A multi-disciplinary panel will discuss solutions to address the issue of private sector integration and consider how economic growth and technological advances offer new opportunities for achieving universal access to quality TB care.

# THE FIGHT FOR TOBACCO CONTROL:

**Civil society's leading role in Latin America** 







My space, your space, and our space

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

All activities take place in Hall 4B, except where otherwise noted. IMBIZO will be open from Wednesday, 2 December through Sunday, 6 December. This area is open to both delegates and non-delegates. Please drop by any time!

THU	RSDAY, 3 DECEMBER ► 09:30 - 18	3:30			
		FACILITATOR(S)	COORDINATOR(S)	ROOM	PAGE
09:30-10:00	Social media campaign: take a selfie wearing the zero stigma mask and use #lunghealthimbizo to share on Facebook, Instagram and Twitter.			Hall 4B	
10:00-11:00	March! Departs from and returns to the CTICC.	TAC		Hall 4B	
11:30-12:30	Workshop A: Integrating community-based TB activities into the work of NGOs and other CSOs.		Chibuike Amaechi (Nigeria)	Hall 4B	66
2:30-13:30	TB in prison. Discussion led by Section 27.	Section 27			
14:30-15:30	Symposium A: Debate: More of the TB control budget should be diverted from biomedical care to socioeconomic interventions.		Matt Oliver (UK), Carlton Evans (Peru)	Hall 4B	66
5:30-16:00	Video from TB Proof and Living Hope.	Living Hope		Hall 4B	
6:00-16:30	TB and disability.	Living Hope		Hall 4B	
6:00-17:00	Symposium B: Fighting TB in the post-2015 era: reaching global health targets through community participation.		Fanny Voitzwinkler (Belgium), Mira Cerulova (UK)	Hall 4B	67
6:30-17:00	Launch of the National Strategic Plan Review bumper edition with focus on TB, TB response and what we want to see.	TAC		Hall 4B	
7:00-18:00	Workshop: How to engage with your parliamentarians in the Global TB Caucus: globally, regionally and nationally. A guide for community representatives, advocates and researchers http://www. globaltbcaucus.org/		Sarah Kirk (Australia), Matt Oliver (UK), Blessina Kumar, Global Coalition of TB Activists, (India)	Hall 4B	
18:00-18:30	KICK TB!	• • • • • • • • • • • • • • • • • • • •	••••••	Hall 4B	• • • • • •



# INTEGRATING COMMUNITY-BASED TUBERCULOSIS ACTIVITIES INTO THE WORK OF NGOS AND OTHER CSOS

# TRACK

Civil society / patient & community engagement

# ORGANISED BY

The Union

# DURATION

Half-day

# MAX ATTENDEES

150

# **MEETING TYPE**

Open meeting

# COORDINATOR(S)

Chibuike Amaechi (Nigeria)

# CHAIR(S)

Chibuike Amaechi (Nigeria), Carol Nyrinda (Zambia)

# TARGET AUDIENCE

Civil society organisations, NGOs, community-based organisation and NTPs

# DESCRIPTION

The contributions of civil society organisations (CSOs), non-governmental organisations (NGOs) and other community-based organisations (CBOs) to TB programmes can be improved through a systematic approach to implementing TB activities. Integrating TB activities into these organisations' programmes and other community development projects would help immensely in reaching the three million people with TB who are currently unreached globally. The WHO in response to this need has led to the TB ENGAGE approach tool that clearly explains the process, implementation and outcome of integration.

# OBJECTIVES

- 1. Improve civil society understanding of the ENGAGE-TB approach
- 2. Build capacity of participants to integrate community-based tuberculosis activities into their workplan
- 3. Improve the collaboration between civil society organisations and national tuberculosis programmes (NTP)

# EXPECTED OUTCOME

The participants will be able to use the manual to train others. They will understand the process of meaningful engagement with a national TB programme (NTP) and how to network with other civil society organisations (CSOs) to form a CSO coordinating body for effectively implementing TB activities and collaborating with the NTP and other partners.

# **PRESENTATIONS**

- 1. Rationale for integrating ENGAGE-TB approach Thomas Joseph (India)
- 2. Collaboration on TB between NTPs and civil society organisations Chibuike Amaechi (Nigeria)
- 3. Integrating TB into community health and other development programmes Anastasiah Kimeu (Kenya)

SYMPOSIUM A ► THURSDAY, 03 DECEMBER ► 14:30 - 15:30 ► IMBIZO HALL 4B



# DEBATE: MORE OF THE TB CONTROL BUDGET SHOULD BE DIVERTED FROM BIOMEDICAL CARE TO SOCIOECONOMIC INTERVENTIONS

# TRACK

Advancing the End TB strategy and other policy issues

# TRACK2

Civil society / patient & community engagement

# COORDINATOR(S)

Matt Oliver (UK), Carlton Evans (Peru)

# CHAIR(S)

Meaghan Derynck (Canada), Matt Oliver (UK)

# TARGET AUDIENCE

- 1. Healthcare professionals, advocates
- 2. TB programme implementers
- 3. Policy analysts

# DESCRIPTION

Limited funding for TB has created debate over the optimal use of resources. Poverty is a primary driver of the TB epidemic, yet most TB control programmes do not focus on socioeconomic factors affecting TB-affected families. Further, despite agreement that new approaches and technologies are urgently required, funding for innovation is scarce. This symposium will use an Oxford Style debate model whereby two pairs argue polarised positions over a motion to influence audience opinions. The audience votes on the motion pre- and post-debate. The pair who sway opinion most have 'won'.

# OBJECTIVES

- 1. To review the evidence for factors that determine TB rates and changes in those rates
- 2. To assess the impact of biomedical care versus wealth on TB rates
- 3. To analyse the effect of changes in biomedical care versus socioeconomic development on TB rates
- 4. To review the cost-effectiveness and impact of biomedical versus socioeconomic interventions

# PRESENTATIONS

14:30 - 15:30 Why more of the TB control budget should be diverted from biomedical care to socioeconomic interventions — Carlton Evans (Peru)



# FIGHTING TB IN THE POST-2015 ERA: REACHING GLOBAL HEALTH TARGETS THROUGH COMMUNITY PARTICIPATION

# TRACK

Civil society / patient & community engagement

# COORDINATOR(S)

Fanny Voitzwinkler (Belgium), Mira Cerulova (UK)

# CHAIR(S)

Oxana Rucsineanu (Moldova), Timur Abdullaev (Uzbekistan)

# TARGET AUDIENCE

- 1. National TB programmes, donors, CSOs
- 2. Key affected populations, (former-) TB patients and activists
- 3. International organisations, non-governmental organisations, consultants

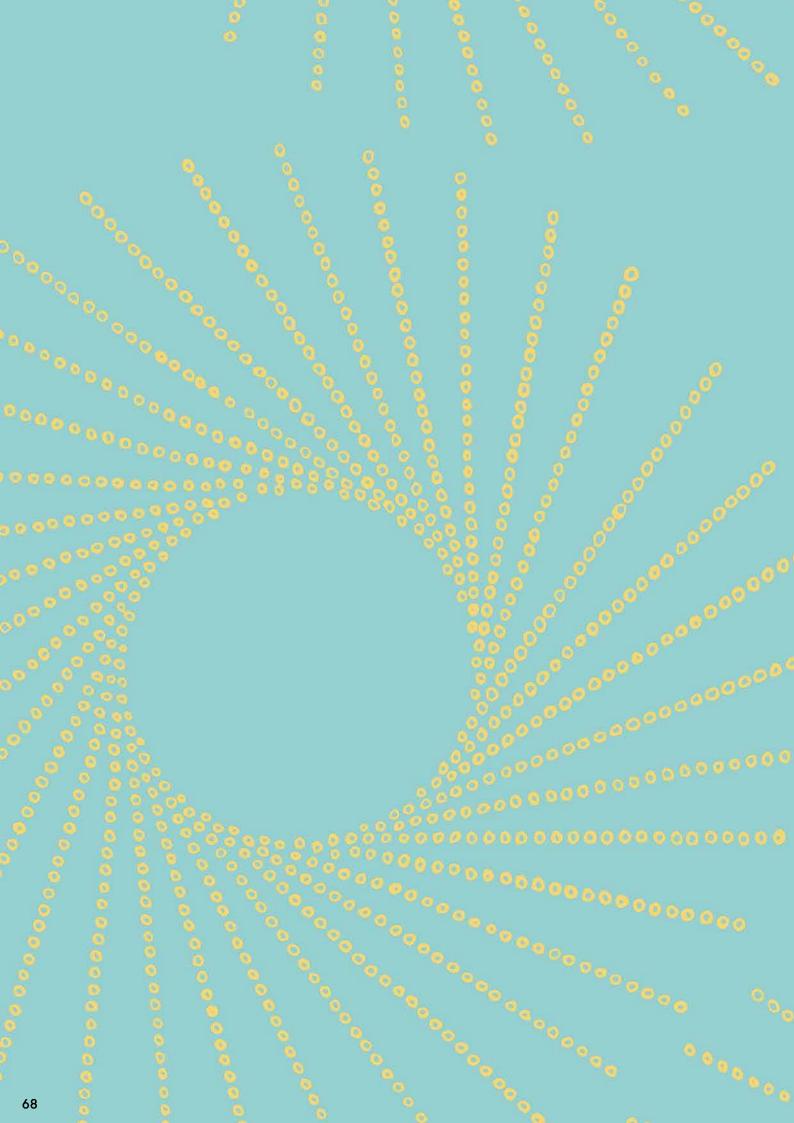
# DESCRIPTION

We need to give affected communities a voice in order to shed light on their crucial role in the conception, design and implementation of local, tailor-made TB care. In the post-2015 era, the fight against TB cannot be business as usual: it is as much a social as a medical struggle and requires engagement on the ground if tangible success is to be recorded. A precondition for this is a robust TB community movement that is fully recognised and has its strengths harnessed by all partners. This will allow them to effectively deal with the challenges currently confronting affected communities.

# **OBJECTIVES**

- 1. Demonstrate the need for a community movement as a denominator for success in the fight against TB
- 2. Explain the role that local communities can play in the move towards patient-centred approaches
- 3. Identify coping strategies for communities that allow them to address the social aspect of TB care
- Explain the potential of patient groups in the conception, implementation and monitoring of TB programmes
- 5. Document and share different successful patient group initiatives and provide lessons learnt

- 16:00 16:10 Civil society's participation in the Global Fund processes: lessons from the Country Coordinating Mechanisms Nonna Turusbekova (Netherlands)
- 16:10 16:20 Establishing national partnerships involving communities: the case of Tajikistan Abdusamad Latifov (Tajikistan)
- 16:20 16:30 Advocating for patients' rights and setting up patient groups Tsira Chakhaia (Georgia)
- 16:30 16:40 Peer-to-peer support in Romania: lessons learnt Catalina Constantin (Romania)
- 16:40 16:50 Human rights are not an afterthought: Developing programmes that respect human rights and empowering patient groups to monitor them Jonathan Stillo (USA)
- 16:50 17:00 Discussion



# FRIDAY, 4 DECEMBER 2015

# FRIDAY, **4 DECEMBER**

# PLENARY SESSION



PANEL DISCUSSION:

# THE STATE OF TB AND HIV ON THE 27TH ANNIVERSARY OF WORLD AIDS DAY

MODERATOR: Meera Senthilingam (UK)

SPEAKERS:



Mark Dybul (Switzerland) is Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Dr Mark Dybul has worked on HIV and public health for more than 25 years as a clinician, scientist, teacher and administrator. A graduate of Georgetown Medical School, he joined the National Institute of Allergy and Infectious Diseases, where he conducted HIV research, including the first randomised, controlled clinical trial with combination antiretroviral therapy in Africa. He was a driving force behind the President's Emergency Plan for AIDS Relief (PEPFAR) and served as US Global AIDS Coordinator from 2006 to 2009. In 2012 he was appointed Executive Director of The Global Fund. He is also a Professor of Medicine, Department of Medicine, Georgetown University School of Medicine.



Michel Sidibe (Switzerland) is Executive Director of UNAIDS and Under-Secretary-General of the United Nations.

Under the leadership of Michel Sidibé, UNAIDS works to ensure that no one is left behind in the HIV response and that everyone in need has access to lifesaving HIV services. He initiated the global call to eliminate HIV infections among children and keep their mothers alive.

Mr Sidibé has spent more than 30 years in public service. He has been awarded honorary doctorates from several leading universities, as well as an honorary professorship at Stellenbosch University in Cape Town, South Africa. In 2012, the Africa Report named him one of the 50 most influential Africans.



Linda-Gail Bekker (South Africa) is President-Elect, International AIDS Society; Professor of Medicine and Deputy Director, Desmond Tutu HIV Centre, Institute of Infectious Disease and Molecular Medicine, University of Cape Town; and Chief Operating Officer, Desmond Tutu HIV Foundation.

Dr Linda-Gail Bekker, MBChB, DTMH, DCH, FCP(SA), PhD, is a physician scientist with a keen interest in HIV, tuberculosis and related diseases. Her doctoral work focused on the host response to tuberculosis both with and in the absence of HIV co-infection. Subsequently her research interests have expanded to include programmatic and action research around

antiretroviral roll out and TB integration, prevention of HIV in a women, youth and men who have sex with men, which have led to numerous publications. In her role in the Foundation, she is passionate about community development and engagement and actively explores new and innovative ways to tackle the challenge that is HIV.



Constance Manwa (Zimbabwe) is a TB survivor.

Constance Manwa (Zimbabwe) is a 32-year-old survivor of multidrug-resistant tuberculosis (MDR-TB). She was living with HIV when she developed MDR-TB and received treatment for both at one of the Union-supported clinics providing integrated TB-HIV care in Zimbabwe. Through this approach

she was successfully cured of MDR-TB. Today she continues to receive antiretroviral treatment through the clinic and is living a happy, healthy life with her family and 6-year-old son, who is TB-free and HIV-negative.

# AWARD PRESENTATION ► 09:00-10:00 ► AUDITORIUM I • O

# THE KAREL STYBLO PUBLIC HEALTH PRIZE

The Karel Stybio Public Health Prize, awarded by The Union, acknowledges a health worker (physician or lay-person) or a community organisation for contributions to tuberculosis control or lung health over a period of 10 years or more.



Looking back: TB-HIV march held in Cape Town as part of the  $38^{\text{th}}$  Union World Conference in 2007.

		TRACK(S)	COORDINATOR(S)	ROOM	PAGE
01.	Bending South Africa's TB curve: game-changing interventions to attain a future of "zeros"	Advancing the End TB strategy and other policy issues	Lerole David Mametja (South Africa), Alasdair Reid (South Africa)	Auditorium I	76
01.	Inverser la courbe de la TB en Afrique du Sud : les interventions pouvant changer la donne pour atteindre l'objectif « zéro »	Faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions politiques	Lerole David Mametja (Afrique du Sud), Alasdair Reid (Afrique du Sud)	Auditorium I	76
02.	Best practice in management of side effects among DR-TB patients to improve quality of care	Drug-resistant TB care and treatment, including trials	Alexander Golubkov (USA)	Ballroom East- CTICC	77
02.	Meilleures pratiques en matière de prise en charge des effets indésirables chez les patients atteints de TB pharmaco-résistante pour améliorer la qualité des soins	Soins et traitement de la TB pharmaco-résistante, y compris les essais thérapeutiques	Alexander Golubkov (États-Unis)	Ballroom East- CTICC	77
03.	Pre-approval of access to new TB drugs: what, where and how	Drug-resistant TB care and treatment, including trials	Carly Rodriguez (USA), Erica Lessem (USA)	Roof Terrace	78
04.	Outstanding issues in HIV/AIDS treatment	HIV and TB co-infection	Anand Date (USA)	Ballroom West- CTICC	78
05.	Zoonotic TB session I - Trends, diagnostics and infections models	Zoonotic TB	Adrian Muwonge (Uganda), Francisco Olea-Popelka- (USA)	MR 2.41-2.43	79
06.	One pilot after another: how can we move toward a sustainable scale-up of child lung health interventions?	TB in children	Anne Detjen (USA), Anna Mandalakas (USA)	MR 2.44-2.46	79
07.	Role of surgery in management of TB: a promise or redundancy?	Drug-resistant TB care and treatment, including trials	Fuad Mirzayev (Switzerland), Colleen Acosta (Denmark)	Da Gama/Diaz- Westin	80
	<b>SYMPOSIA</b> ► 13:30 - 15:00				
08.	Maternal and infant TB: advancing our understanding of pathogenesis, treatment and prevention	TB in vulnerable and special populations	Jyoti Mathad (USA), Adrie Bekker (South Africa)	Roof Terrace	80
09.	The cost of TB and lung health interventions: methodologies and implications for health systems and patients	Advancing the End TB strategy and other policy issues	Elvis Gama (UK), Jason Madan (UK)	MR 2.41-2.43	81
10.	Research is needed to increase children's access to drug-resistant TB care	TB in children	Carly Rodriguez (USA), Mercedes Becerra (USA)	MR 2.44-2.46	81
11.	TB surveillance in healthcare workers: challenges and approaches in high-burden, low-resource settings	TB infection control	Melissa Briggs (USA), Susan Maloney (USA)	MR 2.61-2.63	82
12.	Managing pharmacovigilance systems: optimising the rational use of new TB medicines and novel regimens	Advancing the End TB strategy and other policy issues	Antonia Kwiecien (USA), Kanjinga Kakanda (USA)	MR 2.64-2.66	82
13.	Can mobile technology improve lung health in poorer countries and communities: benefits and opportunities	Tobacco control	Anne Jones (Australia)	Ballroom East- Westin	83
14.	Spelunking for treasure: searching for candidate biomarkers as prognostic indicators for treatment outcome	TB diagnostics, including molecular methods	Kathleen England (Netherlands)	Ballroom West- Westin	83

		TRACK(S)	COORDINATOR(S)	ROOM	PAG
15.	TB/HIV epidemiology within the context of national TB prevalence surveys in Africa	TB epidemiology	Irwin Law (Switzerland)	Auditorium I	84
15.	Épidémiologie de la co-infection TB/VIH dans le contexte des enquêtes nationales de prévalence de la TB en Afrique	Épidémiologie de la TB, Co-infection VIH et TB	Irwin Law (Suisse)	Auditorium I	84
16.	Scaling up MDR-TB services in resource-limited settings: progress and challenges from the field	Drug-resistant TB care and treatment, including trials	Degu Jerene Dare (Ethiopia), Martin Ruhweza (Uganda)	Ballroom East- CTICC	85
16.	Intensification des services de lutte contre la TB-MR en situation de ressources limitées : progrès et défis à relever sur le terrain	Soins et traitement de la TB pharmaco-résistante, y compris les essais	Degu Jerene Dare (Éthiopie), Martin Ruhweza (Ouganda)	Ballroom East- CTICC	85
17.	Maximising opportunities for integrating TB services into maternal and child health programmes	HIV and TB co-infection	Alice Christensen (Tanzania, United Rep.), Annabel Baddeley (Switzerland)	Roof Terrace	86
18.	Five years of Xpert MTB/RIF implementation: lessons learnt for increasing the impact of future new diagnostics	TB diagnostics, including molecular methods	Wayne Van Gemert (Switzerland), Fuad Mirzayev (Switzerland)	Auditorium II	86
19.	Quality laboratory services and the impact on patient care	TB laboratory services: organisation and quality assurance	Alaine Umubyeyi Nyaruhirira (South Africa), Kathleen England (Netherlands)	Ballroom West- CTICC	87
20.	The unaddressed health challenge of TB in prisons: applying End TB Strategy concepts of patient-centred care	TB in vulnerable and special populations	Elmira Gurbanova (Azerbaijan), Fuad Mirzayev (Switzerland)	MR 2.41-2.43	87
21.	TB contact management in children: closing policy-implementation gaps	TB in children	Yael Hirsch-Moverman (USA), Karen Du Preez (South Africa)	MR 2.44-2.46	88
22.	A community-based approach to reaching the missing "three million"	TB in vulnerable and special populations	Colin Niselman (USA), Latha Rajan (USA)	MR 2.61-2.63	88
23.	Moving towards universal access to drug susceptibility testing: progress and challenges	TB diagnostics, including molecular methods	Martina Casenghi (Switzerland), Jean-François Lemaire (Switzerland)	MR 2.64-2.66	89
24.	Why and how to use tobacco taxes as funding mechanisms for financing health in low- and middle-income countries	Tobacco control	Anne Jones (Australia)	Ballroom East- Westin	89
25.	Can tuberculosis immunisation prevent initial infection (not just disease complications)?	Basic science	Naomi Aronson (USA)	Ballroom West- Westin	90
26.	WHO/ERS initiative on e/mHealth in tuberculosis and tobacco control	Advancing the End TB strategy and other policy issues	Alistair Story (UK), Dennis Falzon (Switzerland)	Da Gama/Diaz- Westin	90

	TRACK(S)	CHAIR(S)	ROOM	PAGI
O1. Symptoms, sputa, sequences: TB diagnosis and resistance	TB diagnostics, including molecular methods	Joseph Burzynski (USA), Nathan Kapata (Zambia)	Auditorium II	92
02. Around the world vulnerability takes many forms	TB in vulnerable and special populations	Llang Maama-Maime (Lesotho), Angela Mondlane (Mozambique)	MR 2.61-2.63	93
03. Placing the patient at the center of care	Patient-centred care	Alice Christensen (Tanzania), Phumeza Tisile (South Africa)	MR 2.64-2.66	93
04. Law enforcement and awareness	Tobacco control	Anso Thom (South Africa), Karen Brudney (USA)	Ballroom East-Westin	94
05. Financing TB services	Civil society / patient & community engagement	Jeremiah Chakaya (Kenya), Meghan Holohan (USA)	Ballroom West-Westin	94
ORAL ABSTRACT SESSIONS > 13	:30 - 15:00			
O6. MDR-TB: trials, cohorts and predictors	Drug-resistant TB care and treatment, including trials	Edward Nardell (USA), Sharonnan Lynch (USA)	Auditorium I	95
06. TB-MDR: essais, cohortes et prédicteurs	Soins et traitement de la TB résistante aux médicaments, y compris les essais	Edward Naradell (États-Unis), Sharonnan Lynch (États-Unis)	Auditorium I	95
O7. Many paths to the same END TB strategy	Advancing the End TB strategy and other policy issues	Anthony D. Harries (UK), Beatrice Mutayoba (Tanzania)	Ballroom East-CTICC	96
O7. Les nombreuses façons d'appliquer la stratégie de l'OMS visant à mettre un terme à l'épidémie de tuberculose	Faire progresser la stratégie « End TB » (Éradiquer la TB) et les autres questions politiques	Anthony D Harries (Royaume-Uni), Beatrice Mutayoba (Tanzania)	Ballroom East-CTICC	96
O8. The molecular basis of PZA resistance: from bench to bedside	Drug resistance determination - molecular and phenotypic	Daniel Johnson (USA), Kevin Schwartzman (Canada)	Auditorium II	97
09. HIV and lung health	HIV and TB co-infection	Alasdair Reid (South Africa), Linda-Gail Bekker (South Africa)	Ballroom West-CTICC	97
10. Using media for communication on TB	Civil society / patient & community engagement	Jove Oliver (USA), Zolani Barnes (South Africa)	Da Gama/ Diaz - Westin	98

E-POSTER SESSIONS ► 12:30 - 13:0	30			
	TRACK(S)	CHAIR(S)	ROOM	PAGE
O1. Zoonotic Tuberculosis: trends, detections and interpretation	Zoonotic TB	Adrian Muwonge (Uganda)	Poster Area Hall 3	99
O2. TB in children: perspectives from around the world	TB in children	Rinn Song (USA)	Poster Area Hall 3	99
03. Drug-resistant TB: outcomes - I	Drug-resistant TB	Alexandre Golubkov (USA)	Poster Area Hall 3	100
04. LTBI: a potpourri	Latent TB infection (LTBI)	Mark Hatherill (South Africa)	Poster Area Hall 3	100
05. Rats, videos and secretions: the landsape of TB detection	TB diagnostics, including moelcular methods	James Seddon (UK)	Poster Area Hall 3	101

<sup>♠</sup> Simultaneous English/French/English translation is provided for these sessions - Une traduction simultanée anglais/français/anglais est assurée pour ces séances.

POSTER DISCUSSION SESSION	<b>S</b> • 12:30 - 13:30			
	TRACK(S)	CHAIR(S)	ROOM	PAGE
O1. Extra-pulmonary tuberculosis: detection and treatment	Drug-sensitive TB care and treatment, including trials	Riitta Dlodlo (Zimbabwe)	Poster Area Hall 3	102
02. Drug development: something old, something new	Drug-sensitive TB care and treatment, including trials	Agnes Gebhard (Netherlands)	Poster Area Hall 3	102
03. Treatment outcomes and ethics: bedaquiline	Drug-resistant TB care and treatment, including trials	ID Rusen (Canada)	Poster Area Hall 3	103
O4. New approaches to health systems, care and management for drug-resistant TB	Drug-resistant TB care and treatment, including trials	Joseph Nikisi (Zambia)	Poster Area Hall 3	103
05. Collaborative services for TB & Diabetes	TB and diabetes/ TB and other non-HIV comorbidities	Angelica Salomao (Mozambique)	Poster Area Hall 3	104
06. TB surveillance from Swaziland to Japan	TB epidemiology	Vishnu Mahamba (Tanzania)	Poster Area Hall 3	104
07. Tuberculosis: from the bench to the grave	TB epidemiology	Silvia Kelbert (Angola)	Poster Area Hall 3	105
08. Trends, transmission and tuberculosis case finding	TB epidemiology	Nii Nortey Hanson-Nortey (Ghana)	Poster Area Hall 3	105
09. Public Private Strategies to End TB: the case of India	Advancing the End TB strategy and other policy issues	Blessina Kumar (India)	Poster Area Hall 3	106
10. What's app doc? Use of m-health	Advancing the End TB strategy and other policy issues	Kelly Curran (USA)	Poster Area Hall 3	106
11. Basic science: bugs and drugs	Basic science	Valerie Mizrahi (South Africa)	Poster Area Hall 3	107
12. TB diagnostic challenges: molecular and other techniques	TB diagnostics, including molecular methods	Mark Nicol (South Africa)	Poster Area Hall 3	107
13. Diverse diagnostics	TB diagnostics, including molecular methods	Joseph Burzinski (USA)	Poster Area Hall 3	108
14. Gene mutation: the engine behind drug resistance and TB strain diversity	Drug resistance determination - molecular and phenotypic	Lesibana Malinga (South Africa)	Poster Area Hall 3	108
15. Gene Xpert: the nuts and bolts of TB diagnosis	TB laboratory services: organisation and quality assurance	Anand Date (USA)	Poster Area Hall 3	109
16. Retaining our patients in care	Patient-centred care	Marlene Poolman (South Africa)	Poster Area Hall 3	109
17. Including those affected in care	Patient-centred care	Sara Massaut (Netherlands)	Poster Area Hall 3	110
18. Don't forget us: migrants and indigenous populations	TB in vulnerable and special populations	Andrew Codlin (Switzerland)	Poster Area Hall 3	110
19. TB in children: epidemiology - I	TB in children	Surbhi Modi (USA)	Poster Area Hall 3	111
20. TB in children: diagnosis	TB in children	Ben Marais (Australia)	Poster Area Hall 3	111
21. COPD, lung function and pulmonary embolism	COPD, asthma and other lung health	Nadia Aït-Khaled (Algeria)	Poster Area Hall 3	112
22. Smoking cessation	Tobacco control	To be confirmed	Poster Area Hall 3	112
23. Social media campaigns	Tobacco control	Wena Moelich (South Africa)	Poster Area Hall 3	113
24. Engagement of CSOs, communities and patients in TB control and management	Civil society / patient & community engagement	Haileyesus Getahun (Switzerland)	Poster Area Hall 3	113
25. HIV and lung health: something for everyone	HIV and TB co-infection	Tolullah Oni (South Africa)	Poster Area Hall 3	114



# BENDING SOUTH AFRICA'S TB CURVE: GAME-CHANGING INTERVENTIONS TO ATTAIN A FUTURE OF «ZEROS»

#### TRACK

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Lerole David Mametja (South Africa), Alasdair Reid (South Africa)

#### CHAIR(S)

Lucica Ditiu (Switzerland)

#### TARGET AUDIENCE

- Policy-makers, TB & HIV programme managers and health services providers
- 2. Epidemiologists, researchers and academics
- 3. Civil society and nongovernmental organisation representatives

#### DESCRIPTION

South Africa continues to face a major TB epidemic, mainly linked to HIV, and increasingly, non-communicable diseases, especially diabetes. The country's TB burden ranked third in the world in 2009, following India and China. However, WHO revised the country's incidence rate down from 1,000 to 860 per 100,000 between 2012 and 2013. Nonetheless, even with the downward trend in TB burden, drug resistant TB in South Africa is rising and the country is still far from achieving the new global 90-90-90 targets and in the long term the determination to end TB by 2035 and end AIDS by 2030. In response South Africa has undertaken the only integrated HIV and TB investment case to identify the optimal mix of HIV and TB activities that will reach the 90-90-90 targets for HIV and TB by 2020. An innovative approach, built on the successes of the elimination of mother to child transmission programme, has been developed to improve facility level use of data, planning and monitoring (the 3 feet approach) of HIV, TB and MNCH to accelerate progress towards our goals.

### OBJECTIVES

- 1. To review the South African TB & HIV epidemics and response to date and share the results of the integrated South African HIV and TB investment case
- 2. To identify best practice from other parts of the world
- 3. To discuss the implications of these potentially game-changing approaches with global thought leaders on TB, HIV and public health financing

#### **PRESENTATIONS**

10:30 - 10:50 South Africa's TB epidemic and the national response — Aaron Motsoaledi (South Africa)

10:50 - 11:10 Moderated panel discussion: the HIV perspective — Michel Sidibe (Switzerland)

11:10 - 11:30 Moderated panel discussion: TB perspective — Mario Raviglione (Switzerland)

11:30 - 11:50 Moderated panel discussion: GFATM perspective — Mark Dybul (Switzerland)

11:50 - 12:00 Discussion

#### SYMPOSIUM 01 ► 10H30 - 12H00 ► AUDITORIUM I ?



# INVERSER LA COURBE DE LA TB EN AFRIQUE DU SUD : LES INTERVENTIONS POUVANT CHANGER LA DONNE POUR ATTEINDRE L'OBJECTIF « ZÉRO »

#### THÈME:

Faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions politiques

#### COORDINATEUR(S):

Lerole David Mametja (Afrique du Sud), Alasdair Reid (Afrique du Sud)

#### PRÉSIDENT(S):

Lucica Ditiu (Suisse)

#### PUBLIC VISÉ :

Décideurs, responsables de programmes de lutte contre la TB et le VIH et prestataires de services de santé, épidémiologistes, chercheurs et universitaires, représentants de la société civile et des organisations non gouvernementales

#### DESCRIPTION:

L'Afrique du Sud est toujours confrontée à une épidémie majeure de TB, principalement liée au VIH, et de plus en plus aux maladies non transmissibles, en particulier le diabète. En 2009, l'Afrique du Sud occupait la 3e place mondiale en termes de charge de TB, derrière l'Inde et la Chine. Cependant, l'OMS a revu à la baisse le taux d'incidence du pays, passant de 1 000 à 860 pour 100 000 entre 2012 et 2013. Malgré cette tendance à la baisse, la TB pharmaco-résistante en Afrique du Sud est en augmentation, et le pays est toujours loin d'atteindre les nouveaux objectifs mondiaux 90-90-90 et d'être en mesure de tenir l'engagement de mettre un terme à la TB d'ici à 2035 et au SIDA d'ici à 2030. Pour répondre à cette situation, l'Afrique du Sud a constitué le seul dossier d'investissement intégré pour le VIH et la TB afin d'identifier le mélange optimal de mesures de lutte contre le VIH et la TB afin d'atteindre les objectifs 90-90-90 pour le VIH et la TB d'ici à 2020. Une approche innovante, basée sur les succès remportés par le programme d'élimination de la transmission mère-enfant, a été développée pour améliorer, au niveau des établissements de soins, l'utilisation des données, la planification et la surveillance (« 3 feet approach ») du VIH, de la TB et de la santé de la mère, du nouveau-né et de l'enfant afin d'atteindre nos objectifs plus rapidement.

#### OBJECTIFS:

- 1. Analyser l'épidémie de TB et de VIH en Afrique du Sud ainsi que les réponses apportées à ce jour et partager les résultats du dossier d'investissement intégré pour le VIH et la TB en Afrique du Sud
- 2. Identifier les meilleures pratiques dans les autres parties du monde
- 3. Discuter des implications de ces approches en mesure de changer la donne avec les leaders d'opinion mondiaux sur le financement de la santé publique et de la lutte contre la TB et le VIH

#### **COMMUNICATIONS ORALES**

10h30 - 10h50 Épidémie de TB en Afrique du Sud et réponse apportée au niveau national — Aaron Motsoaledi (Afrique du Sud)

10h50 - 11h10 Table ronde modérée : perspective pour le VIH — Michel Sidibe (Suisse)

11h10 - 11h30 Table ronde modérée : perspective pour la TB – Mario Raviglione (Suisse)

11h30 - 11h50 Table ronde modérée : perspective pour le Fonds mondial de lutte contre le sida, la tuberculose et le paludisme – Mark Dybul (Suisse)

11h50-12h00 Discussion



# BEST PRACTICE IN MANAGEMENT OF SIDE EFFECTS AMONG DR-TB PATIENTS TO IMPROVE QUALITY OF CARE

#### TRACK

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Alexander Golubkov (USA)

#### CHAIR(S)

KJ Seung (USA)

#### TARGET AUDIENCE

- TB programme managers, clinical professionals, educators
- NGO staff involved in the organisation and delivery of MDR-/XDR-TB clinical services

#### DESCRIPTION

The number of individuals with DR-TB who have been put on treatment is rapidly increasing; in 2013 the WHO reported that 110,000 patients were enrolled in treatment. International studies describe high levels of side effects among patients receiving Category IV treatment and the lack of technical knowledge and capacity to manage them effectively on the part of both national TB programmes and primary healthcare specialists. This session will present best practices from programmes that are successfully managing side effects and discuss steps to implement innovative approaches.

#### **OBJECTIVES**

- 1. Share best practices on management of side effects among DR-TB patients
- 2. Demonstrate steps to improve management of side effects

#### PRESENTATION

- 10:30 10:45 Core elements of clinical and programmatic management of side effects for DR-TB patients KJ Seung (USA), Alexander Golubkov (USA)
- 10:50 11:05 Addressing side effects of MDR-TB treatment during ambulatory phase in the community Shayla Islam (Bangladesh)
- 11:10 11:25 How to manage MDR-TB side effects in rural areas To be confirmed
- 11:30 11:45 Management of side effects in DR-TB patients with alcohol and drug addiction Askar Yedilbayev (USA)
- 11:50 12:00 Discussion

#### SYMPOSIUM 02 ► 10H30 - 12H00 ► BALLROOM EAST - CTICC •



# MEILLEURES PRATIQUES EN MATIÈRE DE PRISE EN CHARGE DES EFFETS INDÉSIRABLES CHEZ LES PATIENTS ATTEINTS DE TB PHARMACO-RÉSISTANTE POUR AMÉLIORER LA QUALITÉ DES SOINS

## THÈME :

Soins et traitement de la TB pharmaco-résistante, y compris les essais thérapeutiques

#### COORDINATEUR(S):

Alexander Golubkov (États-Unis)

#### PRÉSIDENT(S) DE SÉANCE :

KJ Seung (États-Unis)

#### PUBLIC VISÉ :

Responsables de programmes de lutte contre la TB, cliniciens, éducateurs, Membres d'ONG impliqués dans l'organisation et la prestation des services cliniques pour la TB-MR/UR

### DESCRIPTION:

Le nombre de personnes atteintes de TB pharmaco-résistante sous traitement augmente rapidement; d'après l'OMS, en 2013, 110 000 patients ont été mis sous traitement. Des études internationales décrivent des taux élevés d'effets indésirables chez les patients recevant un traitement de catégorie IV ainsi qu'un manque de connaissances et de capacités techniques pour les prendre en charge efficacement tant au niveau des programmes nationaux de lutte contre la TB que des spécialistes de soins primaires. Cette session sera l'occasion de présenter les meilleures pratiques des programmes qui réussissent dans la prise en charge des effets indésirables et de discuter des mesures à prendre pour mettre en œuvre des approches innovantes.

#### OBJECTIFS:

- 1. Partager les meilleures pratiques sur la prise en charge des effets indésirables chez les patients atteints de TB pharmaco-résistante
- 2. Présenter les mesures à prendre pour améliorer la prise en charge des effets indésirables

#### COMMUNICATIONS ORALES

- 10h30 10h45 Principaux éléments de la prise en charge clinique et programmatique des effets indésirables chez les patients atteints de TB pharmaco-résistante KJ Seung (États-Unis), Alexander Golubkov (États-Unis)
- 10h50 -11h05 Prise en charge des effets indésirables du traitement de la TB-MR pendant la phase ambulatoire dans la communauté Shayla Islam (Bangladesh)
- 11h10 11h25 Comment prendre en charge les effets indésirables dans la TB-MR dans les zones rurales A confirmer
- 11h30 11h45 Prise en charge des effets indésirables chez les patients alcooliques et toxicomanes atteints de TB pharmaco-résistante Askar Yedilbayev (États-Unis)
- 11h50-12h00 Discussion



## PRE-APPROVAL OF ACCESS TO NEW TB DRUGS: WHAT, WHERE AND HOW

#### TRACK

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Carly Rodriguez (USA), Erica Lessem (USA)

#### CHAIR(S)

Jennifer Furin (USA), Robert Horsburgh (USA)

#### TARGET AUDIENCE

- 1. Clinical and academic researchers
- 2. MDR-TB care providers
- 3. Civil society and community stakeholders

#### DESCRIPTION

Access to MDR-TB and XDR-TB treatment is severely lacking in many high-burden MDR-TB countries. New TB drugs such as bedaquiline and delamanid are still difficult to access and and compassionate use and expanded access are insufficient to meet the demand of the estimated 480,000 new cases of MDR-TB in 2013. This symposium will describe needs, challenges and experiences in pre-approved access to new TB drugs.

#### **OBJECTIVES**

- 1. Share experiences of compassionate use from the field
- 2. Present the experience of a pre-approval access program
- 3. Provide the community perspective of access to new TB drugs
- 4. Highlight challenges confronting those who attempt to gain pre-approval access to drugs
- 5. Describe the industry viewpoint of compassionate use and expanded access

#### PRESENTATIONS

- 10:30 10:40 From the field: experience of compassionate use Francis Varaine (France)
- 10:45 10:55 From pilot to rollout: South Africa's bedaquiline clinical access programme Francesca Conradie (South Africa)
- 11:00 11:10 Why pre-approval access matters, and how to move forward Marcus Low (South Africa)
- 11:15-11:25 Pre-approval access from the industry perspective: Janssen Chrispin Kambili (USA)
- 11:45 12:00 Discussion

SYMPOSIUM 04 ► 10:30 - 12:00 ► BALLROOM WEST - CTICC



#### **OUTSTANDING ISSUES IN HIV/AIDS TREATMENT**

#### TRACI

HIV and TB co-infection

#### COORDINATOR(S)

Anand Date (USA)

#### CHAIR(S)

Anthony D Harries (UK), Anand Date (USA)

#### TARGET AUDIENCE

- People affected by HIV, activists, national TB & HIV programme managers, clinicians
- 2. Epidemiologists, TB and HIV researchers

#### DESCRIPTION

Recent evidence has highlighted the need for long-term isoniazid preventive therapy among people living with HIV and has raisied concerns about adherence & resistance. The use of rifamycine-based regimens could be a potential solution. Although a lot of progress has been made in TB/HIV programmes, a subset of HIV-infected patients have such a high risk of undiagnosed TB & of associated mortality that their prognosis may be improved by immediate initiation of empirical TB treatment used in conjunction with antiretroviral therapy. These two outstanding programmatic issues will be discussed extensively.

#### OBJECTIVES

- 1. To discuss key issues regarding the two outstanding issues in HIV and TB
- To consider the use of rifamycine-based short-term TB prophylaxis regimens among people living with HIV
- 3. To discuss empiric TB treatment among people living with HIV to reduce TB-related mortality

- 10:30 10:40 Use of rifamycine-based short-term TB prophylaxis regimens among people living with HIV —
- 10:45 10:55 Cons: rifamycine-based regimens should be used for effective TB prophylaxis among PLHIV Gary Maartens (South Africa)
- 11:00 11:10 Cons: opposing rifamycine-based regimen for TB prophylaxis among PLHIV Richard E Chaisson (USA)
- 11:15 11:25 Empiric TB treatment among people living with HIV to reduce TB related mortality Helen Avles (Zambia)
- 11:30 11:40 Pros and cons: empiric TB treatment is critical to reducing TB mortality among PLHIV but would adversely affect national TB programmes Mina Hosseinipour (Malawi), Farai Mavhunga (Namibia)
- 11:50 12:00 Discussion



## **ZOONOTIC TB SESSION I - TRENDS, DIAGNOSTICS AND INFECTIONS MODELS**

#### TRACK

Zoonotic TB

#### COORDINATOR(S)

Adrian Muwonge (Uganda), Francisco Olea-Popelka (USA)

#### CHAIR(S

Francisco Olea-Popelka (USA), Adrian Muwonge (Uganda)

#### TARGET AUDIENCE

- Physicians, nurses, microbiologists, tuberculosis epidemiologists and pathologists
- 2. Public health specialists, veterinarians, scientists interested in tuberculosis
- Professors of human and veterinary medicine, policy makers, donors

#### DESCRIPTION

While Mycobacterium tuberculosis complex (MTC) is the primary causal agent of human TB worldwide, the incidence of zoonotic TB caused by Mycobacterium bovis, the causal agent of bovine TB (bTB), and mycobacteria other than MTC is underestimated and yet to be fully understood, especially in the developing world. The main challenge lies with Mycobacterium specie-unspecific diagnostics currently used in most of the high-TB burden countries. Despite this challenge, it has been estimated that in Africa alone approximately 70,000 zoonotic TB cases occur per year. This symposium will address all aspects of zoonotic TB.

#### **OBJECTIVES**

- To address the challenges posed by zoonotic TB through a dialogue between medical and veterinary fields
- 2. To create global awareness of zoonotic TB and its impact on public health
- 3. To highlight the progress in TB diagnostics, vaccines, and infection models
- 4. To identify areas of synergy in preventing and controlling zoonotic TB

#### **PRESENTATIONS**

- 10:30 10:40 Zoonotic tuberculosis in India: challenges and opportunities Krishna Prasad Hanumanthappa (India)
- 10:45 10:55 Rapid bTB: a novel lateral flow test able to differentiate Mycobacterium bovis and Mycobacterium tuberculosis in sputum Irene Grant (UK)
- 11:00 11:10 Ferrets: a small animal model for zoonotic tuberculosis transmission Frederick Quinn (USA)
- 11:15 11:25 How zoonotic tuberculosis is laying new ground for approaches in Mycobacterial research in Tanzania Rudovick Kazwala (Tanzania, United Rep.),
  Sayoki Godfrey Mfinanga (Tanzania, United Rep.)
- 11:30 11:40 Prevalence, molecular epidemiology and risk factors of tuberculosis infection among cattle and livestock workers in Nigeria Simeon Cadmus (Nigeria)
- 11:45 12:00 Discussion

### **SYMPOSIUM 06** ► 10:30 - 12:00 ► ROOM MR 2.44-2.46



# ONE PILOT AFTER ANOTHER: HOW CAN WE MOVE TOWARD A SUSTAINABLE SCALE-UP OF CHILD LUNG HEALTH INTERVENTIONS?

### TRACK

TB in children

#### TRACK2

Advancing the End TB strategy and other policy issues

### COORDINATOR(S)

Anne Detjen (USA), Anna Mandalakas (USA)

#### CHAIR(S)

Lisa Adams (USA)

#### TARGET AUDIENCE

- 1. NTPs, healthcare workers and implementing NGOs
- 2. Researchers
- 3. Donors

### DESCRIPTION

Many interventions for TB and lung health have been successfully tested in pilots but rarely sustained over time, and many others never even get scaled-up. Instead, new interventions are tested. The session will explore the health systems perspective of the challenges faced to move successful interventions from donor-supported pilots or small-scale projects to full-scale, sustainable programmes. Experts from the field will highlight strategies that have led to successful sustainability.

# OBJECTIVES

- 1. To explore reasons why successful pilot projects rarely become implemented into routine care
- 2. To provide examples for successful uptake and scale-up of child health interventions
- 3. To identify factors that promote sustainability

- 10:30 10:40 The proliferation of the pilot To be confirmed
- 10:45 10:55 The health system perspective: what needs to happen for a successful pilot to be continued To be confirmed
- 11:00 11:10 Viet Nam: TB CARE I project leading to the country-wide scale-up of symptom-based contact screening Thien Huong Nguyen (Viet Nam)
- 11:15-11:25 Perspectives and experiences from child survival interventions To be confirmed
- 11:30 11:40 Financing sustainability Laura Guay (USA)
- 11:45 12:00 Discussion



## ROLE OF SURGERY IN MANAGEMENT OF TB: A PROMISE OR REDUNDANCY?

#### TRACK

Drug-resistant TB care and treatment, including trials

#### TRACK2

Patient-centred care

#### COORDINATOR(S)

Fuad Mirzayev (Switzerland), Colleen Acosta (Denmark)

#### CHAIR(S)

Fuad Mirzayev (Switzerland)

#### TARGET AUDIENCE

- National TB and HIV programmes
- 2. TB technical organisations
- 3. International donors

#### DESCRIPTION

Drug-resistant TB (DR-TB) is a serious public health concern in a number of countries and causes the resurgence of barely curable cases. There are only a few therapeutic options available in these cases and the supply of new anti-TB drugs and regimens is very limited. Surgery has been applied as adjunct to medical treatment for drug resistant TB as well as in some cases of extra-pulmonary TB. The effectiveness of surgery in these situations is not well evaluated and its role is poorly established while indications for surgery and the surgical practices themselves vary across countries.

#### **OBJECTIVES**

- To review current policies and practices of surgical interventions in pulmonary DR-TB and extrapulmonary TB
- 2. To present available evidence on the role of surgery in management of TB
- 3. To discuss the role of surgery and its main indications and prerequisites

#### **PRESENTATIONS**

- 10:30 10:40 Experience from India: main indications and realities of thoracic surgery in TB patients Ravindra Kumar Dewan (India)
- 10:45 10:55 Should we operate on patients with persistent cavities at the end of TB treatment? Jean-Pierre Zellweger (Switzerland)
- 11:00 11:10 Experience from the Russian Federation: main risks and benefits of surgical interventions in TB Denis Krasnov (Russian Federation)
- 11:15 11:25 When should surgical treatment of TB be considered? Alfred Lardizabal (USA)
- 11:30 11:40 Will new drugs and regimens make surgical treatment of TB unnecessary? Giovanni Battista Migliori (Italy)
- 11:45 12:00 Discussion

#### SYMPOSIUM 08 ► 13:30 - 15:00 ► ROOF TERRACE



# MATERNAL AND INFANT TB: ADVANCING OUR UNDERSTANDING OF PATHOGENESIS, TREATMENT AND PREVENTION

#### TRACK

TB in vulnerable and special populations

#### TRACK2

TB other

#### COORDINATOR(S)

Jyoti Mathad (USA), Adrie Bekker (South Africa)

#### CHAIR(S)

Anneke Hesseling (South Africa), Grace John-Stewart (USA)

#### TARGET AUDIENCE

- 1. TB policy-makers and programme implementers
- 2. Healthcare providers and advocates
- 3. TB researchers and educators

#### DESCRIPTION

Increased recognition of women's health issues and innovative approaches to research have breathed new life into maternal-infant TB research. TB is a leading cause of maternal and infant mortality, yet many TB providers and researchers are unfamiliar with the pathogenesis, treatment and prevention of TB in these populations. Pharmacokinetic/pharmacodynamic (PK/PD) differences in pregnant women and infants with TB will be highlighted. This symposium will feature emerging research and novel approaches—in both basic science and clinical trials—that are moving the maternal-infant TB agenda forward.

#### OBJECTIVES

- 1. To review current research in the pathogenesis, prevention and treatment of maternal-infant TB
- 2. To discuss PK/PD principles pertaining to TB drugs in pregnancy and young children
- 3. To present innovative research approaches used to extend benefits of TB research to pregnant women and infants

- 13:30 13:40 Challenges in the management of maternal and perinatal TB: cases from the field Shilpa Naik (India)
- 13:45 13:55 Current research on the pathophysiology, immunology, prevention and treatment of TB in pregnant women Jyoti Mathad (USA), Amita Gupta (USA)
- 14:00 14:10 TB-HIV treatment during pregnancy: does drug metabolism change? Rose Kosgei (Kenya)
- 14:15 14:25 Using a population modeling approach to assess the pharmacology of TB drugs in pregnant women Kelly Dooley (USA), Rada Savic (USA)
- 14:30 14:40 The pharmacokinetics and treatment of first line TB drugs for infants Adrie Bekker (South Africa)
- 14:45 15:00 Discussion



# THE COST OF TB AND LUNG HEALTH INTERVENTIONS: METHODOLOGIES AND IMPLICATIONS FOR HEALTH SYSTEMS AND PATIENTS

#### TRACK

Advancing the End TB strategy and other policy issues

#### TRACK2

COPD, asthma and other lung health

#### COORDINATOR(S)

Elvis Gama (UK), Jason Madan (UK)

#### CHAIR(S)

S. Bertel Squire (UK)

#### TARGET AUDIENCE

Healthcare professionals, advocates, TB programme implementers and educators

#### DESCRIPTION

In addition to health consequences, tuberculosis (TB) poses serious economic burdens to health systems and patients alike. While the health consequences of TB and lung disease interventions have received considerable attention in conferences and published literature, the analysis of their costs and financial implications has been less prominent. The session will explore the financial implications of alternative TB and lung disease interventions on both the health systems and patients. The focus will be on patient pathways, costing methodologies and catastrophic costs.

#### **OBJECTIVES**

- 1. To provide an overview of current evidence and methodologies in costing TB and lung health interventions
- 2. To provide examples of costs related to programmatic implementation, health systems and patients.
- 3. To highlight catastrophic costs incured by TB patients through the diagnosis and treatment process

#### **PRESENTATIONS**

- 13:30 13:40 Patient costs for tuberculosis diagnoses in Brazil: comparison of solid and liquid medium culture Afranio Kritski (Brazil)
- 13:45 13:55 Modelling the cost-effectiveness for health systems of the Xpert MTB/RIF scale-up by district profile in Tanzania Ivor Langley (UK)
- 14:00 14:10 Costing the practical approach to lung health strategy in Malawi Martina Mchenga (Malawi)
- 14:15 14:25 The cost of serious adverse events in MDR-TB experience from Ethiopia Mamo Girma (Ethiopia)
- 14:30 14:40 Modelling health system costs to support decision making for MDR-TB diagnostics in Cape Town Rory Dunbar (South Africa)
- 14:45 15:00 Discussion

#### **SYMPOSIUM 10** ► 13:30 - 15:00 ► ROOM MR 2.44-2.46



# RESEARCH IS NEEDED TO INCREASE CHILDREN'S ACCESS TO DRUG-RESISTANT TB CARE

#### TRACK

TB in children

#### COORDINATOR(S)

Carly Rodriguez (USA), Mercedes Becerra (USA)

### CHAIR(S)

Carly Rodriguez (USA), Mercedes Becerra (USA)

#### TARGET AUDIENCE

- 1. Clinical and academic researchers
- 2. Paediatric TB care providers
- 3. Civil society and community stakeholders

#### DESCRIPTION

Children are vulnerable and often invisible victims of the drug-resistant TB epidemic. While some guidance is now available for treating children diagnosed with drug-resistant TB, this is still not enough. We continue to lack information about the numbers of children exposed to drug-resistant TB and who may require treatment for disease and latent infection and optimal formulations for second-line drugs. This symposium will describe current research needs around children with drug-resistant TB and the most recent research results in several key areas.

### OBJECTIVES

- $1. \ \ \text{To establish the current priorities for research on children with drug-resistant TB}$
- 2. To discuss the need for child-focused programme targets and the research required to refine those goals
- 3. To advocate for the inclusion of children in clinical trials and discuss principles on how to achieve this
- 4. To describe opportunities for and barriers to development of paediatric second-line drug formulations
- 5. To bring together researchers, caregivers, and advocates to raise the visibility of children with DR-TB

- 13:30 13:40 Consensus research priorities on children with drug-resistant TB Dina Nair (India)
   13:45 13:55 From estimates to action: setting screening and treatment targets for children with TB Courtney Yuen (USA)
- 14:00 14:10 Inclusion of children in trials: why and how Jeffrey Hafkin (USA)
- 14:15 14:25 A bitter pill to swallow: developing paediatric formulations of second-line drugs Jennifer Furin (USA)
- 14:30 14:40 Advocating for knowledge: advocacy strategies for paediatric TB research Lindsay McKenna (USA)
- 14:45 15:00 Discussion



# TB SURVEILLANCE IN HEALTHCARE WORKERS: CHALLENGES AND APPROACHES IN HIGH-BURDEN. LOW-RESOURCE SETTINGS

#### TRACK

TB infection control

#### TRACK2

HIV and TB co-infection

#### COORDINATOR(S)

Melissa Briggs (USA), Susan Maloney (USA)

#### CHAIR(S)

Shaheen Mehtar (South Africa)

#### TARGET AUDIENCE

- 1. TB programme directors and national policy-makers
- 2. Health facility leadership and administration
- 3. Healthcare workers in high TB burden countries

#### DESCRIPTION

Healthcare workers (HCWs) are at increased risk for latent, active and drug-resistant TB compared to the general population. TB in HCWs is an important indicator of the effectiveness of infection control measures and early detection can both improve the HCW's likelihood of survival and decrease the risk of nosocomial transmission. In spite of this, routine TB screening for HCWs is not practiced in many settings. This symposium will seek to identify and promote best practices for implementing and scaling-up surveillance for TB among HCWs in high-burden, low-resource settings.

#### **OBJECTIVES**

- 1. Emphasise importance of TB screening and surveillance of HCWs as a key aspect of infection control
- 2. Describe tools and guidance available to assist in implementation of HCW screening programmes
- Examine best practices for implementing routine TB screening for HCWs in high-burden, low-resource settings
- 4. Discuss approaches to scaling up and measuring the impact of TB screening in HCWs

#### **PRESENTATIONS**

- 13:30 13:40 Introduction: a global view of scaling up and assessing the impact of HCW screening for TB Melissa Briggs (USA)
- 13:40 13:55 Challenges in implementing TB screening for healthcare workers in Zimbabwe Anna Maruta (Zimbabwe)
- 13:55 14:10 Current state of TB surveillance among healthcare workers in China Caihong Xu (China)
- 14:10 14:25 Screening and treatment for latent tuberculosis infection in health workers at Maputo Central Hospital in Mozambique Elizabete Nunes (Mozambique)
- 14:25 14:40 The provision of Isoniazid Prophylaxis Therapy (IPT) to health care workers: a Swaziland experience Phetsile Mamba (Swaziland)
- 14:50 15:00 Discussion

#### **SYMPOSIUM 12** ► 13:30 - 15:00 ► ROOM MR 2.64- 2.66



# MANAGING PHARMACOVIGILANCE SYSTEMS: OPTIMISING THE RATIONAL USE OF NEW TB MEDICINES AND NOVEL REGIMENS

#### TRACK

Advancing the End TB strategy and other policy issues

### COORDINATOR(S)

Antonia Kwiecien (USA), Kanjinga Kakanda (USA)

# CHAIR(S)

Ernesto Jaramillo (Switzerland), Norbert Ndjeka (South Africa)

#### TARGET AUDIENCE

- Physicians, nurses, pharmacists, MDR-TB health care providers
- Health programme
   managers, policy-makers
   in countries with high
   MDR-TB burden
- 3. Monitoring & evaluation specialists and agencies providing technical assistance

#### DESCRIPTION

In many countries notification about adverse reactions to anti-TB drugs is limited to spontaneous reporting. This level of pharmacovigilance (PV) is insufficient when the risk of adverse effects and harms related to the medicines is high, the treatment regimens are complicated, the experience with the use of certain medicines in specific populations is limited and when patients receive treatment with novel regimens and new drugs. This symposium describes approaches to improve TB patient safety through managing PV systems to gather more data on the long-term safety of TB regimens among populations in developing countries.

## OBJECTIVES

- $1. \ \ Learn\ about\ enhanced\ adverse\ drug\ reaction\ monitoring\ for\ new\ TB\ medicines\ and\ novel\ regimens$
- 2. Share experiences, insights, strategies, and results of an effective PV system
- 3. Promote the rational use of TB medicines through strong and proactive pharmacovigilance systems

- 13:30 13:45 Pharmacovigilance for TB: what have we learnt from HIV and malaria programmes Edward Abwao (Kenya)
- 13:50 14:05 Operational strategy for a holistic approach to monitoring medicines used in South African healthcare programmes Mukesh Dheda (South Africa)
- 14:10 14:25 Cohort event monitoring methodology: data collection, indicators and drug safety profiles Dennis Falzon (Switzerland)
- 14:30 14:45 Strengthening pharmacovigilance systems: improving TB patient safety and reducing the adverse drug reaction burden Antonia Kwiecien (USA)
- 14:50 15:00 Discussion



# CAN MOBILE TECHNOLOGY IMPROVE LUNG HEALTH IN POORER COUNTRIES AND COMMUNITIES: BENEFITS AND OPPORTUNITIES

#### TRACK

Tobacco control

#### TRACK2

Civil society / patient & community engagement

#### COORDINATOR(S)

Anne Jones (Australia)

#### CHAIR(S)

Karen Bissell (New Zealand), Tara Singh Bam (Singapore)

#### TARGET AUDIENCE

- Policy-makers and advocates in health and government
- Researchers and focal points in NCDs and development partners

#### DESCRIPTION

Use of mobile technology (smart phones, hand-held devices) and emerging trends in m-health (mobile health) and m-cessation are growing quickly and have the potential to improve health outcomes across diverse settings. Mobile phones are already used to improve access, training and assist individuals in managing diseases. The new UN Be He@lthy Be Mobile initiative is working with eight countries to scale m-health solutions for non communicable diseases (NCDs), including tobacco control. The evidence on m-health is excellent, the challenge, however, is to see how successful case studies, as discussed in this session, can be scaled.

#### **OBJECTIVES**

- 1. Provide an overview of how mobile technology and m-health is used to improve health outcomes
- 2. Share experiences and resources on how mobile technology is used in different settings to improve lung health
- 3. Identify gaps, opportunities and next steps in adapting mobile technology to improve lung health

#### PRESENTATIONS

- 13:30 13:40 Overview of latest trends in m-health, m-cessation and mobile technology to improve health outcomes at the population levels Vinayak Prasad (Switzerland)
- 13:45 13:55 Overview of the evidence for m-health for TB and tobacco To be confirmed
- 14:00 14:10 "Be He@lthy Be Mobile" a new joint UN initiative to reduce the growing burden of NCDs and improve lung health through mobile technology To be confirmed
- 14:15 14:25 Russia's experience in using mobile technology to educate, monitor and enforce compliance with tobacco control legislation Irina Berezhnova (Russian Federation)
- 14:30 14:40 Using mobile technology successfully for early diagnosis of TB in a rural setting Prasad Banuru Muralidhara (India), Rana Jugdeep Singh (India)
  - 14:45 15:00 Discussion

#### SYMPOSIUM 14 ► 13:30 - 15:00 ► BALLROOM WEST - WESTIN



# SPELUNKING FOR TREASURE: SEARCHING FOR CANDIDATE BIOMARKERS AS PROGNOSTIC INDICATORS FOR TREATMENT OUTCOME

#### TRACK

TB diagnostics, including molecular methods

#### TRACK2

TB other

## COORDINATOR(S)

Kathleen England (Netherlands)

#### CHAIR(S)

Frank Cobelens (Netherlands), Daniela Cirillo (Italy)

#### TARGET AUDIENCE

- Clinicians, clinical trial implementers, diagnostic product developers
- 2. TB researchers, diagnostic specialists

#### DESCRIPTION

The discovery of biomarkers is an important goal in current TB research because the availability of such markers would have a significant impact on TB prevention and treatment. Many *Mycobacterium tuberculosis* and human biomarkers have been studied over the past decade, and yet we are still searching for the most highly predictive marker for treatment success. Identifying robust biomarkers will improve clinical management and assist in assessing new anti-TB agents under clinical trials. In this session, we explore the current research and developments leading to promising options.

### **OBJECTIVES**

- 1. To provide an update on biomarker developments focused on treatment outcome
- 2. To showcase relevant and important breakthroughs in biomarker research
- 3. To promote diagnostic development and demonstration research for biomarkers

- 13:30 13:40 Potential and limitations of current candidate host biomarkers ?for treatment response Gerhard Walzl (South Africa)
- 13:45 13:55 Static and dynamic measures of bacterial load using Xpert MTB/RIF as a prognostic marker of culture conversion and cure in pulmonary TB patients David Alland (USA)
- 14:00 14:10 Molecular analysis of Mycobacterium tuberculosis (and host) in sputa Gary Schoolnik (USA)
- 14:15 14:25 Prospective T-cell activation markers for monitoring treatment and predicting cure Christof Geldmacher (Germany)
- 14:30 14:40 Use of the simple biomarker suPAR to assess severity of TB disease and to monitor treatment Christian Wejse (Denmark)
- 14:45 15:00 Discussion



# TB/HIV EPIDEMIOLOGY WITHIN THE CONTEXT OF NATIONAL TB PREVALENCE SURVEYS IN AFRICA

#### TRACK

TB epidemiology

#### TRACK2

HIV and TB co-infection

#### COORDINATOR(S)

Irwin Law (Switzerland)

#### CHAIR(S)

Jaap Broekmans (Netherlands)

#### TARGET AUDIENCE

- 1. TB and HIV programme managers
- 2. Public health specialists and epidemiologists
- 3. Funders of TB and HIV care and control

#### DESCRIPTION

Unprecedented progress in the implementation of national TB prevalence surveys since 2008, especially in Africa, has resulted in a rich source of data to inform programme policy and strategy. Given that the prevalence of HIV co-infection among TB patients is highest in the African region, recent surveys have also incorporated HIV testing, or questions about known HIV status, as part of their survey protocol. This symposium will describe the key lessons learnt and programmatic implications from these recent national TB prevalence surveys from Africa that have collected HIV-related data.

#### **OBJECTIVES**

- 1. To describe the current status of national TB prevalence surveys conducted in Africa
- 2. To share results and lessons learnt from recently completed national TB prevalence surveys in Africa
- To discuss survey results focusing on the implications of TB-HIV co-infection for both TB and HIV programmes

#### PRESENTATIONS

- 15:30 15:40 Progress of national TB prevalence surveys in Africa, and the burden of TB-HIV co-infection among prevalent TB cases from these surveys Ikushi Onozaki (Switzerland)
  15:45 15:55 Results from the national TB prevalence survey of Zambia Pascalina Chanda (Zambia)
  16:00 16:10 Results from the national TB prevalence survey of Uganda Frank Mugabe (Uganda)
  16:15 16:25 Results from the national TB prevalence survey of Zimbabwe Charles Sandy (Zimbabwe)
  16:30 16:40 Discussion: What do these survey results mean for TB and HIV programmes in Africa? —
- 16:45 17:00 Discussion

#### SYMPOSIUM 15 ► 15H30 - 17H00 ► AUDITORIUM I



# ÉPIDÉMIOLOGIE DE LA CO-INFECTION TB/VIH DANS LE CONTEXTE DES ENOUÊTES NATIONALES DE PRÉVALENCE DE LA TB EN AFRIQUE

Liz Corbett (UK), Eveline Klinkenberg (Ethiopia)

#### THÈME

Épidémiologie de la TB, Coinfection VIH et TB

#### COORDINATEUR(S):

Irwin Law (Suisse)

#### PRÉSIDENT(S):

Jaap Broekmans (Pays-Bas), Wilfred Nkhoma (Zimbabwe)

#### PUBLIC VISÉ :

Responsables de programmes de lutte contre la TB et le VIH, spécialistes en santé publique et épidémiologistes, organismes finançant les soins et la lutte contre la TB et le VIH

#### DESCRIPTION :

Les progrès sans précédents accomplis au niveau des enquêtes nationales de prévalence de la TB depuis 2008, en particulier en Afrique, ont permis de constituer une importante source de données pour mettre en place une politique et une stratégie en matière de programmes. Dans la mesure où c'est en Afrique que la prévalence de la co-infection par le VIH chez les patients atteints de TB est la plus élevée, les enquêtes récentes ont également intégré dans leur protocole le dépistage du VIH ou des questions si le statut VIH est connu. Ce symposium sera l'occasion de décrire les principales leçons tirées et les implications programmatiques de ces récentes enquêtes nationales de prévalence de la TB en Afrique qui ont permis de recueillir des données sur le VIH.

#### OBJECTIES :

- 1. Décrire l'état actuel des enquêtes nationales de prévalence de la TB conduites en Afrique
- 2. Partager les résultats et les leçons tirées des enquêtes nationales de prévalence de la TB récemment réalisées en Afrique
- 3. Discuter des résultats des enquêtes, en particulier des implications de la co-infection TB-VIH pour les programmes de lutte contre la TB et le VIH

#### COMMUNICATIONS ORALES

- 15h30 15h40 Progrès des enquêtes nationales de prévalence de la TB en Afrique, et charge de la coinfection TB-VIH parmi les cas prévalents de TB d'après ces enquêtes lkushi Onozaki (Suisse)
- 15h45 15h55 Résultats de l'enquête nationale de prévalence de la TB menée en Zambie Pascalina Chanda (Zambie)
- 16h00 16h10 Résultats de l'enquête nationale de prévalence de la TB menée en Ouganda Frank Mugabe (Ouganda)
- 16h15 16h25 Résultats de l'enquête nationale de prévalence de la TB menée au Zimbabwe Charles Sandy (Zimbabwe)
- 16h30 16h40 Discussion : Que signifient les résultats de ces enquêtes pour les programmes de lutte contre la TB et le VIH en Afrique ? Liz Corbett (Royaume-Uni) Eveline Klinkenberg (Éthiopie)
- 16h45 17h00 Discussion



# SCALING UP MDR-TB SERVICES IN RESOURCE-LIMITED SETTINGS: PROGRESS AND CHALLENGES FROM THE FIELD

#### TRACE

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Degu Jerene Dare (Ethiopia), Martin Ruhweza (Uganda)

#### CHAIR(S)

Lisa Chen (USA), Meg Doherty (Switzerland)

#### TARGET AUDIENCE

- National TB programme staff
- National and global policymakers
- 3. Implementing partners

#### DESCRIPTION

Remarkable progress has been made in improving programmatic and clinical management of MDR-TB in resource-poor settings, but the quality of care remains suboptimal. Lack of adequate psychosocial and nutritional support and subsequent poor case holding, limited laboratory infrastructure and inefficient sample transportation systems are some of the critical challenges. This symposium will provide insight into strategies employed by countries in expanding MDR-TB services in resource-poor settings.

#### OBJECTIVES

- 1. To share country experiences in scaling up MDR-TB services in resource-limited settings
- 2. To discuss the different models of MDR-TB service scale-up
- 3. To identify scalable models of patient support and monitoring for resource-constrained settings

#### PRESENTATIONS

- 15:30 15:45 Rapid scale-up of MDR-TB services through a decentralised patient management system in Ethiopia Ilili Jemal Abdulahi (Ethiopia), Muluken Aseresa Melese (Ethiopia)
- 15:50 16:05 Expanding MDR-TB diagnosis and community-based MDR-TB management by community health workers in Bangladesh Mohammad Akramul Islam (Bangladesh)
- 16:10 16:25 The role of GeneXpert in strengthening MDR-TB diagnosis and treatment scale-up Alaine Umubyeyi Nyaruhirira (South Africa)
- 16:30 16:45 Achieving rapid scale-up of MDR-TB patient treatment in Uganda using the mixed model (hospitalised and ambulatory) of MDR-TB treatment Frank Mugabe (Uganda), Mutesasira Kenneth (Uganda)
- 16:50 17:00 Discussion

## SYMPOSIUM 16 ► 15H30 - 17H00 ► BALLROOM EAST - CTICC •



# INTENSIFICATION DES SERVICES DE LUTTE CONTRE LA TB-MR EN SITUATION DE RESSOURCES LIMITÉES : PROGRÈS ET DÉFIS À RELEVER SUR LE TERRAIN

#### THÈME -

Soins et traitement de la TB pharmaco-résistante, y compris les essais

## COORDINATEUR(S):

Degu Jerene Dare (Éthiopie), Martin Ruhweza (Ouganda)

#### PRÉSIDENT(S) :

Lisa Chen (États-Unis), Meg Doherty (Suisse)

### PUBLIC VISÉ :

Personnel des programmes nationaux de lutte contre la TB, décideurs nationaux et internationaux, partenaires d'exécution

#### DESCRIPTION

Des progrès remarquables ont été accomplis en matière d'amélioration de la prise en charge programmatique et clinique de la TB-MR en situation de ressources limitées, mais la qualité des soins reste sous-optimale. Il reste encore des défis majeurs à relever, notamment le manque de soutien psychologique et nutritionnel adéquat et la mauvaise prise en charge qui s'ensuit, l'infrastructure limitée des laboratoires et les systèmes de transport d'échantillons inefficaces. Ce symposium permettra de donner un aperçu des stratégies employées par les pays pour développer les services de lutte contre la TB-MR en situation de ressources limitées.

#### **OBJECTIFS**:

- Partager les expériences des pays en matière d'intensification des services de lutte contre la TB-MR en situation de ressources limitées
- 2. Discuter des différents modèles d'intensification des services de lutte contre la TB-MR
- Identifier les modèles pouvant être intensifiés pour le soutien et le suivi des patients en situation de ressources limitées

#### COMMUNICATIONS ORALES:

- 15h30 15h45 Intensification rapide des services de lutte contre la TB-MR grâce à un système décentralisé de prise en charge des patients en Éthiopie, Ilili Jemal Abdulahi (Éthiopie) Muluken Aseresa Melese (Éthiopie)
- 15h50 16h05 Extension du diagnostic de la TB-MR et de la prise en charge communautaire de la TB-MR par des travailleurs de la santé de la communauté au Bangladesh Mohammad Akramul Islam (Bangladesh)
- 16h10 16h25 Le rôle de GeneXpert dans le renforcement du diagnostic de la TB-MR et l'intensification du traitement Alaine Umubyeyi Nyaruhirira (Afrique du Sud)
- 16h30 16h45 Intensification rapide du traitement chez les patients atteints de TB-MR en Ouganda grâce au modèle mixte (hôpital et ambulatoire) de traitement de la TB-MR Frank Mugabe (Ouganda), Mutesasira Kenneth (Ouganda)
- 16h50-17h00 Discussion



# MAXIMISING OPPORTUNITIES FOR INTEGRATING TB SERVICES INTO MATERNAL AND CHILD HEALTH PROGRAMMES

#### TRACK

HIV and TB co-infection

#### TRACK2

TB in vulnerable and special populations

#### COORDINATOR(S)

Alice Christensen (Tanzania, United Rep.), Annabel Baddeley (Switzerland)

#### CHAIR(S)

Annabel Baddeley (Switzerland), Surbhi Modi (USA)

#### TARGET AUDIENCE

- Managers of national TB and HIV programmes and other public health officials
- Clinical staff caring for women and children in maternal and child health settings
- 3. Health policy-makers and public health researchers

#### DESCRIPTION

TB is the third leading cause of death among women aged 15-44 and one of the leading causes of maternal mortality in settings with high HIV prevalence. TB in pregnant and breastfeeding women increases the risk of adverse outcomes for both the woman and her child. Maternal and child health (MCH) programmes offer an important platform to maximize TB case detection and access to TB prevention and treatment services. This symposium will highlight the importance of integrating TB services into MCH settings, especially for women living with HIV, and showcase promising operational approaches towards integration in these settings.

#### ORIFCTIVES

- 1. To provide an overview of the global burden of TB and TB-HIV in pregnancy
- To describe international guidance and share experience in integrating TB and TB-HIV activities into MCH programmes
- 3. To discuss challenges, opportunities, and the need for community engagement to improve TB integration in MCH programmes

#### PRESENTATIONS

- 15:30 15:40 Global burden of TB in pregnancy: from epidemiology to programme implications Charlotte Colvin (USA)
- 15:45 15:55 Challenges and opportunities for enhancing TB services through maternal and child health programmes: perspective from South Africa Lindiwe Mvusi (South Africa)
- 16:00 16:10 Challenges and opportunities for enhancing TB services through maternal and child health programmes: perspective from Kenya Joseph Sitienei (Kenya)
- 16:15 16:25 Testimonial from a mother To be confirmed
- 16:30 16:40 WHO guidance on integrating TB and TB-HIV services into maternal, neonatal and child health programmes Avinash Kanchar (Switzerland)
- 16:45 17:00 Discussion

#### SYMPOSIUM 18 ► 15:30 - 17:00 ► AUDITORIUM II



# FIVE YEARS OF XPERT MTB/RIF IMPLEMENTATION: LESSONS LEARNT FOR INCREASING THE IMPACT OF FUTURE NEW DIAGNOSTICS

#### TRACK

TB diagnostics, including molecular methods

#### COORDINATOR(S)

Wayne Van Gemert (Switzerland), Fuad Mirzayev (Switzerland)

### CHAIR(S)

Heidemarie Albert (South Africa), Wayne Van Gemert (Switzerland)

#### TARGET AUDIENCE

- 1. Clinicians
- 2. Laboratory specialists
- 3. Public health professionals

#### DESCRIPTION

In December 2010, WHO first recommended the use of Xpert MTB/RIF, and it was soon predicted to be a game changer for TB control. While its diagnostic accuracy, rapidity and ability to be placed closer to the point of care give it great potential, these benefits rely on its optimal placement in health systems and diagnostic algorithms, and ultimately its use by clinicians. With its wide uptake in over 110 countries, Xpert MTB/RIF can be viewed as a pathfinder providing real-world experience on what is needed to allow a new diagnostic to impact TB and MDR-TB case detection and patient outcomes.

#### OBJECTIVES

- 1. To share findings on Xpert MTB/RIF's impact on TB and MDR-TB case detection and patient outcomes
- 2. To understand the conditions required to maximise the impact of current and future new diagnostics

- 15:30 15:40 Impact of Xpert MTB/RIF on TB case detection and treatment: experience of the Brazil NTP Junior Ruy De Souza (Brazil)
- 15:45 15:55 Impact of Xpert MTB/RIF on TB case detection and treatment: experience in high-HIV settings Grant Theron (South Africa)
- 16:00 16:10 Impact of Xpert MTB/RIF on MDR-TB case detection and treatment: experience of the Belarus NTP Alena Skrahina (Belarus)
- 16:15 16:25 Positioning Xpert MTB/RIF as a tool for TB case detection in resource-limited settings: the role of X-ray and CAD4 in screening Aamir Khan (Pakistan)
- 16:30 16:40 Maximising the potential for rapid use of test results: e/m-tools Jeff Takle (USA)
- 16:45 17:00 Discussion



## QUALITY LABORATORY SERVICES AND THE IMPACT ON PATIENT CARE

#### TRACK

TB laboratory services: organisation and quality assurance

#### COORDINATOR(S)

Alaine Umubyeyi Nyaruhirira (South Africa), Kathleen England (Netherlands)

#### CHAIR(S)

Christopher Gilpin (Switzerland), Moses Joloba (Uganda)

#### TARGET AUDIENCE

- Clinicians, laboratorians, national TB programme staff
- 2. Ministry of health officials and lab services managers

#### DESCRIPTION

Successful patient care begins with quality diagnostics. Programmes for TB require (at their core) a robust network of laboratories. Historically, laboratory services have been a major bottleneck due to slow technology transfer and capacity building; inadequate infrastructure; specimen referral; equipment maintenance; supply and data management systems; inadequate numbers of skilled staff; and lack of internal efforts to guarantee sustainability. This session will highlight effective approaches to solving some of the traditional issues that continue to plague lab services in national programmes.

#### **OBJECTIVES**

- 1. To provide information regarding the significance of effective lab services
- 2. To examine solutions to laboratory challenges affecting the quality of services for patient care
- 3. To encourage programmes to find internal solutions to laboratory issues

#### **PRESENTATIONS**

- 15:30 15:40 Rapid turn-around equals better care: designing county solutions for effective data exchange Jeff Takle (USA)
- 15:45 15:55 The threat of human resource shortages to quality laboratory practice in Africa Talkmore Maruta (South Africa)
- 16:00 16:10 Improving access to diagnosis through efficient specimen referral Christopher Zishiri (Zimbabwe)
- 16:15 16:25 Procurement and standardisation model for laboratory equipment Sindi Dlamini (Swaziland)
- 16:30 16:40 Progress towards accreditation of TB laboratories and impact on patient care Heidemarie Albert (South Africa)
- 16:45 17:00 Discussion

#### **SYMPOSIUM 20** ► 15:30 - 17:00 ► ROOM MR 2.41-2.43



# THE UNADDRESSED HEALTH CHALLENGE OF TB IN PRISONS: APPLYING END TB STRATEGY CONCEPTS OF PATIENT-CENTRED CARE

#### TRACK

TB in vulnerable and special populations

## COORDINATOR(S)

Elmira Gurbanova (Azerbaijan), Fuad Mirzayev (Switzerland)

#### CHAIR(S

Elmira Gurbanova (Azerbaijan)

## TARGET AUDIENCE

- TB programme implementers at the national, regional and local levels
- 2. Prison administrators, healthcare providers, and infection control practitioners

#### DESCRIPTION

Prisons face the challenge of controling TB in concentrated populations. The failure to properly control respitory infections due to inadequate screening of inmates for TB and overcrowding of prisons result in TB transmission among the inmates and staff which eventually carries over into the community. This symposium will explore practical interventions to control TB in prisons by applying the WHO recommended strategy as well as share future perspectives beyond 2015.

### OBJECTIVES

- 1. To provide evidence on which to base decision making by TB implementers and prison officials
- 2. To share successful experience of interventions demonstrating progress towards reducing TB burden in prisons

- 15:30 15:45 20 years of TB control in penitentiary systems in Azerbaijan: achievements and challenges Elmira Gurbanova (Azerbaijan)
- 15:50 16:05 Barriers and challenges to treating TB in prisons in India Sarabjit Chadha (India)
- 16:10 16:25 Controling tuberculosis in prisons in China To be confirmed
- 16:30 16:45 Assisting TB programmes in prisons: multi-country experience of the International Committee of the Red Cross Salome Charalambous (South Africa)
- 16:50 17:00 Discussion



# TB CONTACT MANAGEMENT IN CHILDREN: CLOSING POLICY-IMPLEMENTATION GAPS

#### TRACK

TB in children

#### COORDINATOR(S)

Yael Hirsch-Moverman (USA), Karen Du Preez (South Africa)

#### CHAIR(S)

Stephen M Graham (Australia)

#### TARGET AUDIENCE

- 1. TB programme implementers
- 2. Healthcare professionals, advocates
- 3. Government representatives, policy-makers

#### DESCRIPTION

Isoniazid Preventive Therapy (IPT) has proven efficacy to prevent TB in children. Despite WHO recommendations for TB screening and IPT provision in young and HIV-positive child contacts, implementation of this evidence-based intervention remains a global challenge in high-burden, resource-limited countries, where most childhood TB occurs. This session aims to engage stakeholders at different levels and settings using different implementation strategies to prevent childhood TB. Sharing evidence-based experiences of different strategies and feasible IPT delivery solutions is essential to close policy-implementation gaps.

#### **OBJECTIVES**

- 1. To provide an overview of IPT efficacy, cost effectiveness and significance in child contacts
- 2. To share different IPT implementation strategies and experiences with child contacts in diverse settings
- 3. To present feasible solutions to IPT implementation in child contacts

#### PRESENTATIONS

- 15:30 15:40 What is the evidence for efficacy and cost effectiveness of IPT in child contacts? Anna Mandalakas (USA)
- 15:45 15:55 Experiences from Botswana: the IPT gap beyond contact tracing Tonya Arscott-Mills (USA), Thandi Katlholo (Botswana)
- 16:00-16:10 Cross-border approaches to IPT: treating immigrant children from high-prevalence settings in the US Andrea Cruz (USA)
- 16:15 16:25 Is mHealth an effective strategy to improve IPT adherence in child contacts? Karen Du Preez (South Africa)
- 16:30 16:40 Increasing children's access to IPT in Western Kenya Daria Szkwarko (USA)
- 16:45 17:00 Discussion

#### **SYMPOSIUM 22** ► 15:30 - 17:00 ► ROOM MR 2.61-2.63



# A COMMUNITY-BASED APPROACH TO REACHING THE MISSING «THREE MILLION»

#### TRACK

TB in vulnerable and special populations

#### TRACK2

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Colin Niselman (USA), Latha Rajan (USA)

## CHAIR(S)

Gilles Cesari (Switzerland), Latha Rajan (USA)

### TARGET AUDIENCE

- Nongovernmental and community-based organisations (NGOs and CBOs), patients, providers
- 2. National tuberculosis programmes (NTPs),
- 3. International and funding agencies

#### DESCRIPTION

A vital part of the End TB Strategy is reaching the unreached "three million". There is a need for innovative community-based strategies for case finding in hard-to-reach populations, which may need to be specifically adapted to the unique lifestyles of communities served. By sharing experiences and lessons learnt in the field, the session will educate and enable frontline workers. Post-2015 goals will not be reached if the current segment not being reached is ignored. Concerted efforts from all sectors is needed, while engaging and involving the marginalised communities themselves.

## OBJECTIVES

- 1. To share grassroots experiences and lessons from the field in reaching marginalised populations
- 2. To discuss best practices in tailoring interventions to specific populations
- 3. To promote and enable partnerships and collaborative activities at all levels

- 15:30 15:45 Peru: innovative community-based partnerships to find the unreached Carlton Evans (Peru)
- 15:50 16:05 Nigeria: walking the walk with nomadic populations: strategies that work Abdulrazag Habib (Nigeria)
- 16:10 16:25 Nepal: community outreach challenges and successes in a post-earthquake setting Ram Sharan Gopali (Nepal)
- 16:30 16:45 Greater Mekong Sub-region: accessing hard-to-reach populations in politically sensitive settings Anh Innes (Thailand)
- 16:50 17:00 Discussion

# 

# MOVING TOWARDS UNIVERSAL ACCESS TO DRUG SUSCEPTIBILITY TESTING: PROGRESS AND CHALLENGES

#### TRACK

TB diagnostics, including molecular methods

#### TRACK2

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Martina Casenghi (Switzerland), Jean-François Lemaire (Switzerland)

#### CHAIR(S)

Harald Hoffmann (Germany), Kathleen England (Netherlands)

#### TARGET AUDIENCE

 National TB programme managers, laboratory specialists, clinicians, policy-makers

#### DESCRIPTION

Ensuring adequate access to drug susceptibility testing (DST) is key to ensuring that patients are enrolled into most appropriate and effective treatment in a timely way. Despite recent progress made, global reports show that there are still considerable gaps, and DST coverage remains unsatisfactory in many settings. The session will discuss challenges faced by countries in ensuring adequate DST coverage and possible solutions that could be implemented to improve access to timely and accurate diagnosis of drug-resistant TB.

#### ORIECTIVES

- 1. Review current progress and gaps in DST coverage
- 2. Review current challenges faced by countries in ensuring adequate access to drug-resistance testing
- 3. Identify and discuss possible solutions and a roadmap towards universal access to DST

#### PRESENTATIONS

- 15:30 15:40 Access to drug-resistance testing and linkage to MDR-TB treatment: a global perspective Charles L. Daley (USA)
- 15:45 15:55 Poor access to follow-on DST for rifampicin-resistant (RR) TB cases: root-cause analysis done in MSF projects in African & Asian settings Maryam Rumaney (South Africa)
- 16:00 16:10 Improving access to DST and adherence to diagnostic algorithms: lessons learnt in Nigeria through the Xpert MTB/RIF scale-up Peter Nwadike (Nigeria)
- 16:15 16:25 Mutations missed by rapid molecular tools: which role for Xpert MTB/RIF in Swaziland? Welile Sikhondze (Swaziland)
- 16:30 16:40 Improving access to DST and adherence to diagnostic algorithms: in-country experience from the EXPAND-TB Programme Daniel Orozco (Switzerland)
- 16:45 17:00 Discussion

#### SYMPOSIUM 24 ► 15:30 - 17:00 ► BALLROOM EAST - WESTIN



# WHY AND HOW TO USE TOBACCO TAXES AS FUNDING MECHANISMS FOR FINANCING HEALTH IN LOW- AND MIDDLE-INCOME COUNTRIES

#### TRACK

Tobacco control

#### COORDINATOR(S)

Anne Jones (Australia)

#### CHAIR(S)

Yussuf Saloojee (South Africa), Gan Quan (China)

### TARGET AUDIENCE

- Policy-makers and leaders in health, finance and human rights
- 2. Focal points in tobacco control and NCDs
- 3. Civil society representatives

#### DESCRIPTION

Non-communicable diseases (NCDs) are increasing, but without sustainable health financing, health targets will not be reached. Parties to the WHO Framework Convention on Tobacco Control (FCTC) have obligations to raise financial resources for implementing the Convention and strengthening health systems. This session will review funding mechanisms with case studies. Parties have the power – and the urgent need – to increase health financing at a time when economic growth, and therefore tax revenues, are slowing. While some Parties are increasing tobacco taxes, many are not linking these increases to health spending.

### OBJECTIVES

- 1. Provide an overview and update on funding mechanisms for health financing
- 2. Share experiences of countries mobilising resources to tackle tobacco use and NCDs in general
- 3. Improve understanding of the funding landscape, tools and resources for adequately financing health

- 15:30 15:40 Overview of current funding landscape and priorities for health financing Douglas Bettcher (Switzerland)
- 15:45 15:55 How tobacco taxes can be used to create funding mechanisms for health financing Jean Tesche (Bosnia and Herzegovina)
- 16:00 16:10 How governments can use tobacco taxes to tackle poverty and integrate control of NCDs into post-2015 development agenda Patricio Marquez (USA)
- 16:15 16:25 Tax reform, universal health coverage and tobacco control: the Philippines experience Jeremias Paul (Philippines)
- 16:30 16:40 The Tobacco Control Fund in Vietnam: impact and evaluation after one year Luong Ngoc Khue (Viet Nam)
- 16:45 17:00 Discussion



# CAN TUBERCULOSIS IMMUNISATION PREVENT INITIAL INFECTION (NOT JUST DISEASE COMPLICATIONS)?

#### TRACK

Basic science

#### TRACK2

TB other

#### COORDINATOR(S)

Naomi Aronson (USA)

#### CHAIR(S)

Edward Nardell (USA)

#### TARGET AUDIENCE

- 1. Immunologists and other basic scientists
- 2. Clinicians and public health practitioners
- 3. Vaccine developers

#### DESCRIPTION

The Bacillus Calmette-Guerin (BCG) vaccine has traditionally been thought not to prevent TB initial infection, but to prevent complications such as TB meningitis in children. However, several studies now show that close contacts of TB cases who had BCG have fewer conversions of interferon gamma release assay (IGRA) test — a test that was never before available to assess the impact of BCG on infection. This symposium explores the biology of infection, the implications of vaccines targeted to preventing TB infection, the implications for vaccine development and the potential for protecting heavily exposed health workers.

#### **OBJECTIVES**

- 1. To examine the emerging evidence that BCG can prevent initial infection
- 2. To explore the evolving definition of TB infection
- 3. To consider the immunology of TB infection prevention
- 4. To consider immunisation for medical workers traveling from low- to high-exposure settings
- 5. To discuss the impact of infection prevention on vaccine trials

#### **PRESENTATIONS**

- 15:30 15:40 What is the evidence that BCG prevents infection? Thomas Hawn (USA)
- 15:45 15:55 Defining TB infection Edward Nardell (USA)
- 16:00 16:10 Immunology of preventing TB infection David Lewinsohn (USA)
- 16:15 16:25 Immunisation to prevent TB infection of medical travelers: the TIPI trial Naomi Aronson (USA)
- 16:30 16:40 Implications for vaccine clinical trials Lewis Schrager (USA)
- 16:45 17:00 Discussion

#### SYMPOSIUM 26 ► 15:30 - 17:00 ► DA GAMA/DIAZ - WESTIN



# WHO/ERS INITIATIVE ON E/MHEALTH IN TUBERCULOSIS AND TOBACCO CONTROL

#### TRACK

Advancing the End TB strategy and other policy issues

#### TRACK2

Tobacco control

## COORDINATOR(S)

Alistair Story (UK), Dennis Falzon (Switzerland)

#### CHAIR(S)

Giovanni Battista Migliori (Italy),

Mario Raviglione (Switzerland)

#### TARGET AUDIENCE

- Policy-makers; TB & HIV programme staff; tobacco control officials; activists
- 2. Evidence reviewers; clinicians; allied health professionals; IT specialists
- 3. System developers; technical support agencies; corporate sector; donors

#### DESCRIPTION

The World Health Organization (WHO) and the European Respiratory Society (ERS) are joining forces to support broader use of state-of-the-art information and communication technologies to the benefit of TB patients and tobacco users. Simultaneous efforts to address these two public health challenges can create synergies for primary healthcare services, as well as individual patients affected by both conditions. The global penetration of the Internet and mobile computing devices creates new opportunities for public health and curative services to improve outcomes.

#### OBJECTIVES

- 1. Describe the vision and activities of the WHO/ERS initiative on e-/mHealth for TB and tobacco control
- 2. Discuss the impact of large-scale e-/mHealth interventions for TB and tobacco control at country level
- 3. Outline the process of improving and increasing evidence for policy-making on e-/mHealth interventions

- 15:30 15:40 The WHO/ERS initiative to improve e-/mHealth for TB and tobacco control: concepts and progress Dennis Falzon (Switzerland), Stefano Aliberti (Italy)
- 15:45 15:55 Improving and increasing evidence: from pilot to clinical trials to scaled mHealth interventions
   Richard Lester (Canada)
- 16:00 16:10 Development of target product profiles for "connected diagnostics" in TB Claudia Denkinger (Switzerland), Daniela Maria Cirillo (Italy)
- 16:15 16:25 Diversifying approaches to eLearning for TB and tobacco control Christina Gratziou (Greece), Monica Dias (Switzerland)
- 16:30 16:40 E-/mHealth initiatives for TB patients in Belarus and other European countries Alena Skrahina (Belarus)
- 16:45 17:00 Discussion

# Join The Union as a Student Member

For nearly 100 years The Union has drawn together the best scientific evidence and expertise to address the most pressing public health challenges affecting people living in poverty around the world. As we enter our next century, there are new battles to be won.

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- Access to the online Members Directory a comprehensive guide to who's who in TB and lung disease research
- Opportunities to participate in an internationally recognised network of experts, mentors and colleagues working together to find health solutions for the poor
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- Discounted registration at Union conferences

# YOU CAN BECOME A STUDENT MEMBER IF YOU ARE:

- A first-time member of The Union
- In training
- Under 35 years of age

# **JOIN US FOR A STUDENT NETWORKING FORUM** -

**The Union Village** Friday, 4 December, 18:00-19:00



<b>\</b>	SYMPTO	OMS, SPUTUM, SEQUENCES: TB DIAGNOSIS AND RESISTANCE
CHAIR(	s): Joseph Bu	ırzynski (USA), Nathan Kapata (Zambia) - ткаск: ТВ diagnostics, including molecular methods
	<b>0A-300-04</b> 10:30-10:40	Clinical and sputum characteristics as predictors of <i>Mycobacterium tuberculosis</i> positive sputum in community-wide active case finding for tuberculosis  J Ho, P Nguyen, Ta Nguyen, K H Tran, S V Nguyen, Nhung, G Fox, G Marks (Australia, Viet Nam)
	<b>0A-301-04</b> 10:40-10:50	A multicenter study on the new version of the GenoType MTBDRsI assay for detection of resistance to fluoroquinolones and second-line injectable drugs E Tagliani, P Miotto, A Cabibbe, M Mansjo, Sven Hoffner, D Hillemann, A Zalutskaya, D M Cirillo, A Skrahina (Italy, Germany, Belarus)
	<b>0A-302-04</b> 10:50-11:00	A six-marker serum biosignature shows promise in the diagnosis of TB disease in African primary health care clinic attendees presumes to have TB  N Chegou, J Sutherland, A Crampin, M Van Der Vyver, R Howe, H Mayanja-Kizza, G Walzl (South Africa, Gambia, UK, Ethiopia, Uganda)
	<b>0A-303-04</b> 11:00-11:10	Xpert® MTB/RIF molecular probe binding characteristics associated with discordant confirmatory rifampicin resistance testing R Berhanu, P Da Silva, K Schnippel, R Kularatne, L Scott, W Stevens, C Firnhaber, C Lippincott (South Africa)
	<b>0A-304-04</b> 11:10-11:20	Evaluation of Genotype MTBDRsI v2 line probe assay for the detection of second-line Mycobacterium tuberculosis resistance in culture isolates N Ismail, Y Gardee, Aw Dreyer (South Africa)
	<b>0A-305-04</b> 11:20-11:30	Pyrazinamide drug susceptibility testing predicts smear and culture conversion in MDR-TB G Velasquez, Ge Velásquez, Ri Calderon, M Becerra, M Becerra, M Becerra, C C Contreras, R Yataco, J Galea, L Lecca, M Murray, Mb Murray (USA, Peru)
	<b>0A-306-04</b> 11:30-11:40	An amplicon-based next generation sequencing platform for the Illumina MiSeq for 10 genes involved in first-and second-line drug resistance  D Operario, S Heysell, A Koeppel, E Houpt, S Turner, S Pholwat, S Banu, G Kibiki (USA, Tanzania, United Rep.)
	<b>0A-307-04</b> 11:40-11:50	The role of sputum TB quantitative viability microscopy to predict patient infectiousness S Datta, J Sherman, T Valencia, M Tovar, E Ramos, R Gilman, C Evans (UK, Peru)
	11:50-12:00	Discussion
NOTES		



### AROUND THE WORLD VULNERABILITY TAKES MANY FORMS

CHAIR(S): Llang Maama-Maime (Lesotho), Angela Mondlane (Mozambigue) - TRACK: TB in vulnerable and special populations

OA-308-04 Effectiveness of tuberculosis integration in reproductive health on case notification in 13 provinces of Afghanistan.

A Momand, M Rashidi, Ghul Qader, M Seddiq, K Ayoubi, Sm Sayedi, M Shefa, P G Suarez (Afghanistan, USA)

0A-309-04 Engagement of workplaces in TB care: support and achievements in Bangladesh

10:40-10:50 K Khatun, M Siddiqui, M Akramul Islam, M Chowdhury, S Alam, S Islam, M.m. Rahman, M Quader (Bangladesh)

0A-310-04 Improving case notification in the elderly and other vulnerable communities in Cambodia using chest X-ray and

10:50-11:00 Xpert® MTB/RIF testing

Mony Chry, K Mom, C Andrew, C Jacob, L Gerstel (Cambodia, Switzerland)

0A-311-04 Exploration of methods of TB for internal migrants: the experience of China

11:00-11:10 J Li, X Liu, S Jiang, H Zhang, L-X Wang (China)

0A-312-04 Risk factors associated with acquisition of tuberculosis in two Colombian prisons

11:10-11:20 L Arroyave, L López, D Marin, Mp Arbeláez, Y Keynan, Z Rueda (Colombia)

OA-313-04 Effectiveness of an alcohol intervention strategy among TB patients: a study from South India B Thomas, B Watson, E Senthil Kumar, S Chandra, A Deepalakshmi, A Dhanalakshmi, C Manogaran (India)

0A-314-04 TB screening of hard-to-reach populations at household level with volunteer field workers in Umzinyathi, Kwa-

11:30-11:40 **Zulu Natal** 

D Turner, S Shenoi, Rp Brooks, M Ma, L Ngubane (South Africa, USA)

0A-315-04 Early TB case detection in pre-trial detention centers (SIZOs) in Ukraine

11:40-11:50 S Leontyeva, K Gamazina, O Bogdanov, M Gagarkin (Ukraine)

11:50-12:00 **Discussion** 

#### ORAL ABSTRACT SESSION 03 ▶ 10:30-12:00 ▶ ROOM MR 2.64-2.66



# PLACING THE PATIENT AT THE CENTRE OF CARE

CHAIR(S): Alice Christensen (Tanzania), Phumeza Tisile (South Africa) - TRACK: Patient-centred care

0A-316-04 Patient-centered TB treatment approach: a cluster randomized controlled trial in Armenia, 2015

10:30-10:40 N Truzyan, V Petrosyan, A Harutyunyan, V Khachadourian, M Thompson (Armenia)

0A-317-04 Tuberculosis knowledge, attitudes and practices survey in an urban poor area with high TB prevalence rates in

10:40-10:50 Rio de Janeiro, Brazil

A C Carvalho, Lmp Oliveira, L Isidoro, V Trajano, Mlbc Mello, Tc Araujo-Jorge, Js Garcia, Sc Cavalcante (Brazil)

0A-318-04 Counselling is associated with improved adherence to early phase treatment for multidrug-resistant tuberculosis

10:50-11:00 B Sengupta, K Roy, Amba Dutta, S Sahoo (India)

0A-319-04 Ambulatory vs. hospital-based treatment for MDR-TB under programmatic conditions

11:00-11:10 M Kaela, N Ruswa, F Mavhunga, A Zezai (Namibia)

0A-320-04 Introduction of out-patient care for DS-/MDR-TB patients in Tajikistan

11:10-11:20 I Leimane, O Bobokhojaev, M Makhmudova, Z Abdulloeva, S Verver (Netherlands, Tajikistan)

0A-321-04 Patients' perceptions of interventions to improve MDR-TB treatment completion in the Philippines 11:20-11:30 Tupasi, A Garfin, J Mangan, L Naval, J Pancho, M Mantala, E Kurbatova, A Golubkov (Philippines, USA)

0A-322-04 Patient-centred M/XDR-TB care: what do patients in urban and rural Peru say?

11:30-11:40 S Mookherji, K Alegria-Flores (USA)

0A-323-04 Adverse drug reactions and resultant health-related quality of life during multidrug-resistant tuberculosis

11:40-11:50 **treatment in South Africa** 

A Kelly, B Smith, Z Luo, J Farley (USA)

11:50-12:00 **Discussion** 



# LAW ENFORCEMENT AND AWARENESS

CHAIR(S): Anso Thom (South Africa), Karen Brudney (USA) - TRACK: Tobacco control

<b>0A-324-04</b> 10:30-10:40	Mobile court operation for tobacco control in Bangladesh: a success story of enforcement Mau Ahsan, Alam Md. Alamgir Sikder, Sm Mahbubus Sobhan (Bangladesh)
<b>0A-325-04</b> 10:40-10:50	Evaluation of the first national tobacco control mass media campaign in China X Jin, Ying Zhang, W Chen, Wen Zhao, Jun Song (China)
<b>0A-326-04</b> 10:50-11:00	Review of GATS, India, 2010: recommendations for the next round 2015-16 G Chauhan (India)
<b>0A-327-04</b> 11:00-11:10	Making a tertiary health care institution a model tobacco-free educational institution: a case study from Indira Gandhi Medical College Shimla in India R Chand (India)
<b>0A-328-04</b> 11:10-11:20	Building capacity for tobacco-free schools in Rural Maharashtra: the Salaam Mumbai model D Patil, D Chadha (India)
<b>0A-329-04</b> 11:20-11:30	Using litigation to protect and promote lung health K Hashmi (Pakistan)
<b>0A-330-04</b> 11:30-11:40	Population-level tobacco control communication program 'best buys' to support the changing public health landscape in low- and middle-income countries T Turk, N Murukutla, S Mullin (USA)

# ORAL ABSTRACT SESSION 05 ► 10:30-12:00 ► BALLROOM WEST - WESTIN

N Murukutla, T Turk, N Negi, S Mullin (USA)



0A-331-04

11:40-11:50

11:50-12:00

# FINANCING TB SERVICES

Discussion

11:50-12:00

Discussion

Cost-effectiveness of tobacco control mass media campaigns in LMICs

CHAIR(S	): Jeremiah C	hakaya (Kenya), Megan Holohan (USA) - TRACK: Civil society / patient & community engagement
	<b>0A-332-04</b> 10:30-10:40	Value for money': it costs 90 US\$ to identify a TB patient in a community setting, India M Rout, P Banuru Muralidhara, T Palorkar, A Das, B Entoor Ramachandran, B Thapa (India, Nepal)
	<b>0A-333-04</b> 10:40-10:50	Assessment of costs related to community-based DOTS services: the FHI360/TB CARE I experience in Mozambique  A Mataruse, P Posse, I Manhiça, S Machevo Chilundo, Z Cuna, A Abdula, C Juliana, E Oliveras (Mozambique)
	<b>0A-334-04</b> 10:50-11:00	MDR-TB cost minimization study in Nigeria B Musa, A Kuznik, A Habib (Nigeria)
	<b>0A-335-04</b> 11:00-11:10	Post-diagnosis costs for patients living with TB and HIV and their households in South Africa  D Mudzengi, S Sweeney, T Kufa, P Hippner, S Charalambous, A Grant, G Churchyard, A Vassall (South Africa, UK, Netherlands)
	<b>0A-336-04</b> 11:10-11:20	Economic cost of patient centred tuberculosis treatment in Tanzania  A Mkopi, F Van Leth, N Range, F Lwilla, S M Egwaga, A Schulze, E. Geubbels (Tanzania, United Rep., Netherlands)
	<b>0A-337-04</b> 11:20-11:30	Cost of TB diagnosis and treatment packages in Viet Nam: estimates and projections, 2015-2020 K Vu Duy, Minh Hoang Van, Hk Pham (Viet Nam)
	<b>0A-338-04</b> 11:30-11:40	TB-related dissaving was common and correlated with incurring catastrophic costs in TB-affected households in Peruvian shantytowns Tom Wingfield, M Tovar, D Huff, J Lewis, R Montoya, D Boccia, C Evans (UK, Peru)
	<b>0A-339-04</b> 11:40-11:50	Are TB patients in Republic of Macedonia at risk of catastrophic health expenditures? Results of a cross sectional-study  D Gudeva Nikovska, F Tozija (Macedonia, Yugoslav Rep.)

#### ORAL ABSTRACT SESSION 06 ► 13:30-15:00 ► AUDITORIUM I ?



## **MDR-TB: TRIALS, COHORTS AND PREDICTORS**

chair(s): Edward Nardell (USA), Sharonnan Lynch (USA) - track: Drug-resistant TB care and treatment, including trials

0A-340-04	Bedaquiline prevents acquired resistance to second-line drugs
13:30-13:40	N Lounis, A Diacon, A Pym, B Van Baelen, R Van Heeswijk, M Haxaire-Theeuwes, B Dannemann, K Andries (Belgium, South
	Africa LICA\

Africa, USA)

0A-341-04 Efflux-pump-mediated acquired resistance to bedaquiline in a clinical trial

13:40-13:50 K Andries, N Coeck, C Villellas, B Van Baelen, N Lounis, L Rigouts, B Dannemann, P Alexander (Belgium, USA, South Africa)

0A-342-04 Comparison of 2- and 6-month culture conversion as early predictors of multidrug-resistant TB treatment

13:50-14:00 success: multicenter study of MSF programs

M Bastard, E Sanchez, H Khamraev Atadjan, Z Tigay, A Hayrapetyan, M Kamene Kimenya Mariita, S Khurkhumal, T Dlamini, F Varaine, M Bonnet (France, Uzbekistan, Kenya, Russian Federation, Swaziland)

9A-343-94 First results with a 9-month regimen for multidrug-resistant tuberculosis (MDR-TB) in French-speaking Africa

14:00-14:10 CANCELLED

OA-344-04 Subgroup analysis of patients receiving bedaquiline as part of a multidrug-resistant tuberculosis treatment regimen

A Pym, A Diacon, F Conradie, S Tang, B Van Baelen, N Lounis, M Haxaire-Theeuwes, B Dannemann (South Africa, Belgium, USA)

OA-345-04 Twelve-month outcomes of patients initiating drug-resistant tuberculosis treatment at a decentralized outpatient clinic in Johannesburg, South Africa

K Hirasen, R Berhanu, D Evans, K Schnippel, L Long, S Rosen, I Sanne (South Africa, USA)

OA-346-04 Mortality during XDR-TB treatment in South Africa, 2007-2009: a retrospective cohort analysis

14:20-14:30 N Ndjeka, Ss Dlamini, N Bantubani, K Schnippel (South Africa)

OA-347-04 Mortality among patients treated for multidrug-resistant tuberculosis in nine countries, 2005–2010

14:30-14:40 H Kirking, M Yagui Moscoso, M Van Der Walt, T Tupasi, O Demikhova, T Dalton, E Kurbatova, The Global Petts Investigators

(USA, Peru, South Africa, Philippines, Russian Federation)

14:40-15:00 **Discussion** 

### 



# TB-MDR: ESSAIS, COHORTES ET PRÉDICTEURS

PRÉSIDENT(S): Edward Nardell (États-Unis), Sharonnan Lynch (États-Unis)

THÈME: Soins et traitement de la TB résistante aux médicaments, y compris les essais

UA-34U-U4 La Deuadulline previent la resistance acquise aux medicaments de deuxieme no	OA-340-04	La bédaquiline prévient la résistance acquise aux médicaments de deuxième ligne
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13h30-13h40 N Lounis, A Diacon, A Pym, B Van Baelen, R Van Heeswijk, M Haxaire-Theeuwes, B Dannemann, K Andries (Belgique, Afrique du Sud, États-Unis)

0A-341-04 Résistance acquise à la bédaquiline médiée par les pompes d'efflux dans un essai clinique

13h40-13h50 K Andries, N Coeck, C Villellas, B Van Baelen, N Lounis, L Rigouts, B Dannemann, P Alexander (Belgique, États-Unis, Afrique du Sud)

OA-342-04 Comparaison d'une conversion de la culture à 2 et 6 mois en tant que prédicteur précoce du succès du traitement de la TB multirésistante : étude multicentrique portant sur les programmes de MSF

M Bastard, E Sanchez, H Khamraev Atadjan, Z Tigay, A Hayrapetyan, M Kamene Kimenya Mariita, S Khurkhumal, T Dlamini, F Varaine, M Bonnet (France, Ouzbékistan, Kenya, Russie, Swaziland)

OA-344-04 Analyse par sous-groupes de patients recevant de la bédaquiline dans le cadre d'un schéma thérapeutique contre la tuberculose multirésistante (TB-MR)

A Pym, A Diacon, F Conradie, S Tang, B Van Baelen, N Lounis, M Haxaire-Theeuwes, B Dannemann (Afrique du Sud,

Belgique, États-Unis)

0A-345-04 Résultats à 12 mois chez des patients démarrant un traitement contre une tuberculose pharmaco-résistante dans un établissement de soins ambulatoire décentralisé à Johannesburg (Afrique du Sud)

K Hirasen, R Berhanu, D Evans, K Schnippel, L Long, S Rosen, I Sanne (Afrique du Sud, États-Unis)

**OA-346-04** Mortalité pendant le traitement de la TB-UR en Afrique du Sud de 2007 à 2009: analyse de cohorte rétrospective N Ndjeka, Ss Dlamini, N Bantubani, K Schnippel (Afrique du Sud)

14 Najona, oo biamini, N bantabani, N oonnippor (minquo da oda)

0A-347-04 Mortalité chez des patients traités pour une tuberculose multirésistante — 9 pays, 2005–2010

14h30-14h40 H Kirking, M Yagui Moscoso, M Van Der Walt, T Tupasi, O Demikhova, T Dalton, E Kurbatova, The Global Petts Investigators

(États-Unis, Pérou, Afrique du Sud, Philippines, Russie)

14h40-15h00 **Discussion** 



## MANY PATHS TO THE SAME END TB STRATEGY

CHAIR(S): Anthony D Harries (UK), Beatrice Mutayoba (Tanzania) - TRACK: Advancing the End TB strategy and other policy issues

,	
0A-348-04	How did we perform? An assessment of global investment effectiveness in sub-Saharan Africa against key
13:30-13:40	tuberculosis control performance indicators K G Koura, F Boillot, V Schwoebel, A Trebucq (France)
OA-349-04	Reaching missed tuberculosis cases: lessons learnt using screening tools used in Ghana's 2013 National
13:40-13:50	Tuberculosis Prevalence Survey F Bonsu, I Law, R Gockah, Z Wagaw, N N Hanson-Nortey, M Tadolini, E Owusu–dabo, I Onozaki (Switzerland, Ghana, Italy)
0A-350-04	Impact of Ebola virus disease outbreak on tuberculosis case management in Guinea
13:50-14:00	H Traore, A M Bangoura, D Adjoua, C Diallo, T Kazadi (Guinea)
OA-351-04	From road map to road: comprehensive tuberculosis management and identification of 'missing' private patients
14:00-14:10	in urban Karnataka, India
	O George, H Gururaj, R Ganesan, R Swamickan, M Benezet (India, USA)
OA-352-04	Modelling health system costs to support decision making for MDR-TB diagnostics in Cape Town
14:10-14:20	R Dunbar, P Naidoo, I Langley, N Beyers (South Africa, UK)
OA-353-04	Social protection and TB: an ecological analysis
14:20-14:30	A Siroka, K Lonnroth, N Ponce (Switzerland)
OA-354-04	Four degrees of separation: the influence of social and provider networks in the steps to diagnosis of active
14:30-14:40	tuberculosis in Urban Uganda
	J Sekandi, S Zalwango, R Kakaire, L Martinez, A Kizza, A Ezeamama, N Kiwanuka, Cc Whalen (Uganda, USA)
0A-355-04	Households receiving a TB-specific social protection intervention in Peruvian shantytowns placed more

### COMMUNICATIONS ORALES 07 ► 13:30-15:00 ► BALLROOM EAST - CTICC ••

importance on social than economic support

Discussion



14:50-15:00

# LES NOMBREUSES FAÇONS D'APPLIQUER LA STRATÉGIE DE L'OMS VISANT À METTRE UN TERME À L'ÉPIDÉMIE DE TUBERCULOSE

R Montoya, M Tovar, D Huff, Tom Wingfield, E Ramos, J Lewis, D Boccia, C Evans (UK, Peru)

PRÉSIDENT(S): Anthony D Harries (Royaume-Uni), Beatrice Mutavoba (Tanzanie) THÈME: Faire progresser la stratégie « End TB » (Éradiquer la TB) et les autres questions politiques

<b>0A-348-04</b> 13h30-13h40	Quels sont nos résultats ? Évaluation de l'efficacité de l'investissement international en Afrique subsaharienne relativement à des indicateurs clés de performance en matière de lutte contre la tuberculose K G Koura, F Boillot, V Schwoebel, A Trebucq (France)
<b>0A-349-04</b> 13h40-13h50	Repérer les cas manqués de tuberculose. Leçons tirées du dépistage utilisé dans l'Enquête nationale de prévalence de la tuberculose conduite au Ghana en 2013 F Bonsu, I Law, R Gockah, Z Wagaw, N N Hanson-Nortey, M Tadolini, E Owusu-dabo, I Onozaki (Switzerland, Ghana, Italie)
<b>0A-350-04</b> 13h50-14h00	Impact de l'épidémie de maladie à virus Ebola sur la prise en charge des cas de tuberculose en Guinée H Traore, A M Bangoura, D Adjoua, C Diallo, T Kazadi (Guinée)
<b>0A-351-04</b> 14h00-14h10	Mise en pratique : Prise en charge complète de la tuberculose et identification des patients « manquants » traités dans le secteur privé en zone urbaine dans l'État du Karnataka (Inde) O George, H Gururaj, R Ganesan, R Swamickan, M Benezet (Inde, États-Unis)
OA-352-04	Modélisation des coûts pour le système de santé à l'appui de la prise de décision pour les diagnostics de TB-MR
14h10-14h20	au Cap R Dunbar, P Naidoo, I Langley, N Beyers (Afrique du Sud, Royaume-Uni)
OA-353-04	Protection sociale et TB : analyse écologique
14h20-14h30	A Siroka, K Lonnroth, N Ponce (Suisse)
OA-354-04	Quatre degrés de séparation : L'influence des réseaux sociaux et de prestataires de soins sur les étapes jusqu'au

J Sekandi, S Zalwango, R Kakaire, L Martinez, A Kizza, A Ezeamama, N Kiwanuka, Cc Whalen (Ouganda, États-Unis) Pour les foyers bénéficiant d'une intervention de protection sociale spécifique à la TB dans les bidonvilles OA-355-04

péruviens, le soutien social est plus important que le soutien économique 14h40-14h50

diagnostic de la tuberculose active dans les zones urbaines ougandaises

R Montoya, M Tovar, D Huff, Tom Wingfield, E Ramos, J Lewis, D Boccia, C Evans (Royaume-Uni, Pérou)

Discussion 14h50-15h00

14h30-14h40



### THE MOLECULAR BASIS OF PZA RESISTANCE: FROM BENCH TO BEDSIDE

CHAIR(S): Daniel Johnson (USA), Kevin Schwartzman (Canada) - TRACK: Drug resistance determination - molecular and phenotypic

Mutations in gyrA and gyrB among fluoroquinolone- and multidrug-resistant Mycobacterium tuberculosis isolates OA-356-04 J-Y- Chien, S-T Chien, C-J-Yu, P-R- Hsueh (Taiwan) 13:30-13:40

Identification of pncA gene regions assoicated with high-level pyrazinamide-resistant TB in China 0A-357-04

D Li, Yi Hu, J Werngren, M Mansjo, Sven Hoffner, B Xu (China) 13:40-13:50

OA-358-04 Prevalence of common and rare Mycobacterium tuberculosis resistance-conferring mutations in Uganda

13:50-14:00 W Ssengooba, F Cobelens, D Lukoye, Gw Kasule, M Joloba, B De Jong (Netherlands, Uganda, Belgium)

Construction and validation of a three-color single-tube assay for the detection of resistance to first- and second-NA-359-N4

line anti-tuberculosis drugs 14.00-14.10

M De Vos, J Rice, N Ismail, B Kreiswirth, T Dolby, P Van Helden, R M Warren, L Wangh (South Africa, USA)

Association between genotypic and phenotypic pyrazinamide resistance in INH and RMP mono-resistant and 0A-360-04

MDR-TB isolates 14:10-14:20

M Whitfield, E Streicher, L Scott, W Stevens, S Sampson, P Van Helden, R M Warren, A Van Rie (South Africa, USA)

OA-361-04 Genotypic testing using next-generation sequencing is superior to phenotypic testing for pyrazinamide

14:20-14:30 susceptibility testing

S Omar, N Ismail, Aw Dreyer, N Ismail (South Africa)

Large pncA gene deletions in Mycobacterium tuberculosis: a novel mechanism of pyrazinamide resistance 0A-362-04 E Streicher, R Van Der Merwe, S Sampson, A Dippenaar, M Whitfield, N Da Camara, P Van Helden, P Arnab (South Africa)

14:30-14:40

Virtual sequencing of the entire pncA gene target in a single tube using Late-PCR and Lights-On/Lights-Off OA-363-04 probes to predict PZA susceptibility 14:40-14:50

B Kreiswirth, J Rice, L Wangh, M Whitfield, R M Warren, J Posey, P Bifani, S Marras (USA, South Africa)

14:50-15:00 Discussion

#### ORAL ABSTRACT SESSION 09 ► 13:30-15:00 ► BALLROOM WEST - CTICC



13:40-13:50

## HIV AND LUNG HEALTH

CHAIR(S): Alasdair Reid (South Africa), Linda-Gail Bekker (South Africa) - TRACK: HIV and TB co-infection

CD4 count and risk of incident tuberculosis in HIV-infected individuals: a dose-response meta-analysis 0A-364-04 W-C Lo, S-C- Pan, H Fu, H-H- Lin (Taiwan, UK) 13:30-13:40

Synergic effect on survival of streptomycin and an intensified anti-tuberculosis regimen in HIV-infected patients OA-365-04

G Alvarez-Uria, M Midde, R Pakam, Ps Yalla, Pk Naik (India)

with tuberculous meningitis

One third of in-patients diagnosed with HIV-associated TB in Khayelitsha, South Africa, have mycobacteraemia OA-366-04 associated with high mortality 13:50-14:00

S Janssen, C Schutz, A Ward, R Burton, R Wilkinson, M Grobusch, T Van Der Poll, G Meintjes (South Africa)

Low implementation of Xpert® MTB/RIF among HIV-TB co-infected adults: a survey of 19 low/middle-income 0A-367-04 countries from the IeDEA Consortium 14:00-14:10

K Clouse, MI Lindegren, M Yotebieng, N Dung, A Omondi, Dm Zannou, G Carriquiry, A Pettit (USA, Peru)

Wide variations in compliance with tuberculosis screening guidelines and tuberculosis incidence between OA-368-04 antiretroviral therapy clinics, Côte d'Ivoire 14:10-14:20

A Auld, M Blain, K Ekra, J Kouakou, R Shiraishi, M Tuho, V Ettiègne-Traoré, T Ellerbrock (USA)

Routine implementation of 6-month isoniazid preventive therapy among HIV-infected patients in seven pilot sites 0A-369-04 in Zimbabwe 14:20-14:30

K Takarinda, R Choto, A D Harries, T Apollo, Cc Musanhu (Zimbabwe, UK)

The effect of antiretroviral therapy on chronic lung disease in vertically HIV-infected children and adolescents 0A-370-04 G Mchugh, J Rylance, E Majonga, J Metcalfe, T Bandason, H Mujuru, K Kranzer, R Ferrand (Zimbabwe, USA, UK) 14:30-14:40

0A-371-04 Patient characteristics and contribution to overall caseload from three different TB case finding strategies in Blantvre. Malawi 14:40-15:40

P Macpherson, E Webb, A Choko, M Nliwasa, A Mdolo, J Mpunga, L Chiume, L Corbett (UK, Malawi)

Discussion 14:50-15:00

# USING MEDIA FOR COMMUNICATION ON TB

	• • • • • • • •	
CHAIR(S): JO	ve Oliver	(USA), Zolani Barnes (South Africa) - TRACK: Civil society / patient & community engagement
	<b>372-04</b> 0-13:40	Mass media communication campaign, a solution for reaching the unreached: an experience from six states in India S Pandurangan, S Mohanty (India)
	<b>373-04</b> 0-13:50	Are TB-related issues still not an agenda for Indian media? Analysis of TB-related news content in the last year S Satapathy, S Chadha (India)
	<b>374-04</b> 0-14:00	Building partnerships with community radio for TB control: a field report from India A Srinivasan, N Krishnan, R Ananthakrishnan (India)
	<b>375-04</b> 0-14:10	Keeping TB alive in the public domain through sustained media engagement: a report from India A Srinivasan, R Ananthakrishnan, N Krishnan, S Prasad (India)
	<b>376-04</b> 0-14:20	TB in the spotlight: media fellowships as a model for raising public investment in TB in India A Buragohain, A Jacob, P Lal (India)
	<b>377-04</b> 0-14:30	Promoting evidence-based reporting on lung health diseases and enhancing visibility in news media R Dwivedi (India)
	<b>378-04</b> 0-14:40	Use of commercial marketing and mass media tools for TB health promotion and education M Villapando, Eb Generoso, C Cotingting (Philippines)
14:40	0-15:00	Discussion

NOTES



## **ZOONOTIC TUBERCULOSIS: TRENDS, DETECTIONS AND INTERPRETATION**

chair: Adrian Muwonge (Uganda) - TRACK: Zoonotic TB

EP-100-04	Development of a single-tube triplex real-time PCR assay for differential diagnosis of Mycobacterium
	tuberculosis complex
	WLHuang R Jou (Taiwan)

WI Huang, R Jou (Taiwan)

**EP-101-04** Risk factors associated with bovine tuberculosis in Ecuadorian workers from farms and slaughterhouses F Proano-Perez, R Benitez-Capistros, W Benitez-Ortiz, L Ron-Garrido, F Portaels, A Linden, L Rigouts (Ecuador, Belgium)

EP-102-04 Zoonotic tuberculosis: the case of mahouts and captive Asian elephants in southern India V Kummannoor Paramewaran Pillai, D Abraham (India)

EP-103-04 Detection of potential reservoirs of *M. tuberculosis* and *M. bovis*Kp Hanumanthappa (India)

EP-104-04 Isolation of Mycobacterium tuberculosis in livestock workers and implications for zooanthroponotic transmission in Ibadan, South-western Nigeria

S Cadmus, V Akinseye, A Adegbulu, N Ovwighose, M Ayoola, J Ogugua, H Adesokan, E Cadmus (Nigeria)

EP-105-04 Is there a difference in time to sputum culture conversion between Mycobacterium bovis and Mycobacterium tuberculosis disease?

 $\hbox{C Scott, J Ershova, J Cavanaugh, Gm Mazurek, Bj Silk, P Lobue, P Moonan (USA)}\\$ 

EP-106-04 New diagnostic tests for bovine tuberculosis
S-H- Wang, Jm Balada-Llasat, Wg Hunt, G Gebreyes, J Torrelles, P Jeff (USA)

EP-107-04 Identification of environmental non-tuberculous mycobacteria of public health importance in cattle in Zimbabwe N Chin'ombe, L Padya, M Magwenzi, J Mbanga, P Nziramasanga (Zimbabwe)

EP-108-04 Human tuberculosis due to *Mycobacterium bovis* in England, Wales and Northern Ireland: a 12-year national cohort analysis of the epidemiology

J Davidson, M Lalor, L Thomas, I Abubakar, D Zenner (UK)

E-POSTER SESSION 02 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### TB IN CHILDREN: PERSPECTIVES FROM AROUND THE WORLD

CHAIR: Rinn Song (USA) - TRACK: TB in children

- EP-109-04 Accuracy of diagnostic tests for childhood pulmonary tuberculosis: estimation via Bayesian latent class analysis S Schumacher, M Van Smeden, N Dendukuri, M Nicol, M Pai, H Zar (Canada, South Africa)
- EP-110-04 Characteristics and outcomes of drug-resistant tuberculosis children: a multicenter retrospective study of Médecins Sans Frontières programs

  M Bastard, A Hayrapetyan, N Sapaev, T Dlamini, S Khurkhumal, C Hewison, F Varaine, M Bonnet (France, Swaziland, Russian Federation)

Role of chest X-ray in the diagnosis of intra-thoracic childhood tuberculosis
S Hissar, R Nathavitharana, B Velayutham, V Chandrasekaran, G Sharma, D Baskaran, S Swaminathan (India, USA)

**EP-112-04** Increasing childhood TB notifications through systematic screening in public-sector hospitals in rural Pakistan A Malik, F Amanullah, S Saleem, M Jaswal, H Hussain (Pakistan)

EP-113-04 Effect on empirical tuberculosis treatment on mortality of children with clinical suspicion of intrathoracic tuberculosis

M Bonnet, M Nansumba, M Bastard, P Orikiriza, P De Beaudrap, Y Boum Ii, J Kiwanuka, E Kumbakumba (Switzerland, France, Uganda)

EP-114-04 Impact of Xpert® sputum diagnostics in children with TB disease on treatment decision in a high-burden setting J Bacha, J Benjamin, L Campbell, P Clowes, C Mangu, A Dinardo, K Ngo, A Mandalakas (Tanzania, United Rep., USA)

EP-115-04 Long-term safety, tolerability, and pharmacokinetics of delamanid in children aged 12-17
J Hafkin, M Gler, M Frias, A De Leon, N Hittel, L Geiter, C Wells, S Mallikaarjun (USA, Philippines)

EP-116-04 Poor bacteriological yield of alternative sampling strategies for paediatric tuberculosis at a primary care clinic in Johannesburg, South Africa

C Hanrahan, L Mutunga, J Bassett, H France, S Omar, N Ismail, H Dansey, A Van Rie (USA, South Africa)

EP-117-04 Experiences of care givers for children with tuberculosis in and around Gaborone, Botswana
C Stillson, H Okatch, R Frasso, L Mazhani, T David, T Arscott-Mills, L Ntshimane, A Steenhoff (USA, Botswana)

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## **DRUG-RESISTANT TB: OUTCOMES - I**

- GHAIR: AIEXALIDEL GOIDONOV (USA) - TRAGN: DIDO-RESISIANI EB CARE AND TREATMENT. INCIDONO IT	CHAIR: Alexander	Golubkov (USA)	- TRACK: Drug-resistant TB care and treatment, including tria
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EP-118-04 Effectiveness of individualized regimen for treatment of isoniazid-monoresistant tuberculosis: a multicenter study of Médecins Sans Frontières programs

M Bastard, E Sanchez, P Du Cros, A Telnov, C Hewison, H Khamraev Atadjan, M Bonnet, F Varaine (France, UK, Uzbekistan)

EP-119-04 Interim treatment outcomes in drug-resistant TB patients who were offered second-line drug susceptibility testing at point of entry in Delhi, India

A Khanna, S Chandra, A Bhatnagar, M K.m., N Singla, B Neeti (India)

EP-120-04 An analysis of factors associated with successful treatment outcomes among drug-resistant tuberculosis patients in Kenya

D Mibei, J Kiarie, M Kamene, A Wairia (Kenya)

EP-121-04 9-month short-course MDR-TB treatment in HIV- and non-HIV-co-infected patients in Uzbekistan and Swaziland: interim outcomes of two prospective studie

E Casas, T Gashu, J Greig, Kees Keus, T Ndlamini, H Khamraev Atadjan, C Berry, P Du Cros (Netherlands, Swaziland, UK, Uzbekistan)

EP-122-04 Why did some patients fail second-line therapy for drug-resistant pulmonary tuberculosis? A case series in Karachi. Pakistan

N Salahuddin, S Butt, A Mashhadi, S Adnan, M. Y Memon, M Basir, H Hussain (Pakistan)

EP-123-04 Inappropriate treatment of multidrug-resistant tuberculosis patients: effects on culture conversion and final outcomes

P Chitneni, M Buckley, J Rohr, D Theron, E Kendall, R M Warren, K Jacobson (USA, South Africa)

EP-124-04 High survival and treatment success with concurrent MDR-TB and HIV treatment in KwaZulu-Natal, South Africa J Brust, S Shah, S Allana, T Mthiyane, K Mlisana, P Moodley, I Master, N Gandhi (USA, South Africa)

**EP-125-04** Outcomes for adolescents undergoing multidrug-resistant tuberculosis treatment in Lima, Peru J Furin, M Milstein, D Tierney, C Mitnick, P Isaakidis (USA)

## E-POSTER SESSION 04 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### LTBI: A POTPOURRI

CHAIR: Mark Hatherill (South Africa) - TRACK: Latent TB infection (LTBI)

EP-126-04 Prevalence of LTBI infection among household contacts of multidrug-resistant and new TB patients in Ho Chi Minh City, Viet Nam

G Fox, N Nguyen, Ta Nguyen, TI Nguyen, Na Le, B Tran Ngoc, R Menzies, G Marks (Australia, Viet Nam, Canada)

EP-127-04 Evaluation of TB contact tracing in Brazil: operational research

Nh Orfão, A Wysocki, Ma Ponce, T Arakawa, A Beraldo, Lm Lopes, Me Brunello, A Kritski, Tc Scatena Villa (Brazil)

EP-128-04 Predictive value of the QuantiFERON test in the Danish population

T Hermansen, T Lillebaek, K Langholz, P Andersen, P Ravn (Denmark)

EP-129-04 Performance of QuantiFERON-TB Gold In-Tube versus the tuberculin skin test in screening for latent tuberculous infection in health care workers in Georgia

V Mirtskhulava, R Kempker, M Kipiani, N Tabagari, J Whitaker (Georgia, USA)

**CEP-130-04** Occupational screening for latent tuberculous infection in German health care workers A Nienhaus, A Schablon (Germany)

EP-131-04 Cost-effectiveness of the testing and treatment of latent tuberculous infection: a systematic literature review

C Angeletti, M Sane Schepisi, D Goletti, R Mancini, R Mancini, G Sotgiu, A Matteelli, H Getahun, E Girardi (Italy, Switzerland)

EP-133-04 Institutional and structural barriers to TB screening in South Africa: qualitative insights from health care providers and patients from the TEKO trial

C Tudor, D Kerrigan, E Variava, J Golub, K Motlhaoleng, L Lebina, N Martinson (USA, South Africa)

EP-134-04 Impact of rifapentine price reduction on utilization for TB treatment in the United States
A Deluca, M Macaraig, K Mcginnis, D Wegener, J Kanouse, M Frick, L Mckenna (USA)

EP-135-04 Integrating existing programs to address barriers to treatment of latent tuberculous infection J Burzynski, K Mcginnis, C Chuck, M Macaraig (USA)



# RATS, VIDEOS AND SECRETIONS: THE LANDSAPE OF TB DETECTION

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CHAIR	James Sedd	don (UK) - TRACK: TB diagnostics, including molecular methods
	EP-136-04	Differences In secretion of MPT64 antigen between Mycobacterium africanum West African type 2 and Mycobacterium tuberculosis sensu stricto A Ofori-Anyinam, F Kanuteh, I Adetifa, S Agbla, B De Jong, M Antonio, F Gehre (Gambia, Belgium)
	EP-137-04	Rapid diagnosis and epidemiology of Mycobacterium tuberculosis complex strains in The Gambia by metagenomic DNA sequencing directly from sputum E Doughty, M Sergeant, I Adetifa, M Antonio, M Pallen (Gambia)
	EP-138-04	Diagnosis of pulmonary and extra-pulmonary tuberculosis in Paraguay using the electronic nose (Paranose study) C Magis-Escurra, R Coronel Teixeira, M Rodriguez, J Gerritsen, G Chaparro Abente, D Perez, J Yntema (Netherlands, Paraguay)
	EP-139-04	GxAlert monitors and reduces high testing error rates in Nigeria's GeneXpert® machine K Jimoh Agbaiyero, L Ekbladh, M Benezet, J Takle, C Macek (Nigeria, USA, Switzerland)
	EP-140-04	Loss-of-function mutations in pepQ confer cross-resistance to bedaquiline and clofazimine in Mycobacterium tuberculosis  D Almeida, T loerger, S-Y Li, S Tyagi, K Andries, K Mdluli, J Grosset, J Sacchettini, E Nuermberger (USA, Belgium)
	EP-141-04	Characterization of Mycobacterium tuberculosis complex isolates with discordant rifampicin susceptibility test results C N Beylis, Y Ghebrekristos, J Wojno, M Nicol, J Simpson, P Da Silva (South Africa)
	EP-142-04	Rat detection technology Improves TB case finding in Tanzanian prisons G Mgode, C Cox, T Edwards, C Mulder, E Valverde, G Mwesiga, J Maeda, J Malewa (Tanzania, United Rep., Netherlands, Mozambique)
	EP-143-04	Do instructional videos on sputum submission result in increased tuberculosis case detection? G Mhalu, J Hella, F Mhimbira, B Doulla, B Mutayoba, T Seimon, M Weiss, L Fenner (Tanzania, United Rep., Pakistan, Switzerland)
NOTES		

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## **EXTRA-PULMONARY TUBERCULOSIS: DETECTION AND TREATMENT**

CHAIR: Riitta Dlodlo (Zimbabwe)	- TRACK: Drug-sensitive TB care and treatment, including trials
GRAIN: I HILLA DIOGIO (ZIIIIDADWG)	- INNUN: DIUU-SCHSHIVE ID CAIE AND HEAHINGHL HICHUHIU HAIS

PC-700-04 Pott's disease: epidemiological aspects, diagnosis and prognosis in Ouagadougou

G M E Badoum Ouedraogo, A Kabre, K Boncoungou, G Ouedraogo, A.r Ouedraogo, S Zabsonre, M Ouedraogo (Burkina

PC-701-04 Detection of multidrug-resistant tuberculosis in extra-pulmonary specimens by line probe assay: experience from a National Reference Laboratory

R Singhal, J Anand, Manp Bhalla, Gavi Kumar, A K Verma, J Arora, V Myneedu, R Sarin (India)

PC-702-04 Predictors of success factors of extra-pulmonary tuberculosis treatment using the DOTS strategy in Dr. Cipto Mangunkusumo Hospital, Jakarta

T Kamelia (Indonesia)

PC-703-04 Epidemiology of extra-pulmonary tuberculosis in Golestan Province, 2005-2012

S Rafiee, H.r Kamalinia (Iran, Islamic Rep. Of)

PC-704-04 Extra-pulmonary tuberculosis: case notification trend and treatment outcomes in Southern Nigeria, 2009–2013

C Ogbudebe, J Chukwu, C Nwafor, A Meka, N Ekeke, N Madichie, D Oshi, J Ikebudu (Nigeria)

PC-705-04 Epidemiology of urogenital tuberculosis in Siberia

E Kulchavenya (Russian Federation)

PC-706-04 Optimization of therapy for prostate tuberculosis

E Kulchavenya, A Osadchiy (Russian Federation)

PC-707-04 Comparison of outcomes of extra-pulmonary and pulmonary tuberculosis among HIV patients

in an HIV clinic In Uganda

D Nalwanga, S Okware, P Kizito, A Von Braun, C Wiltshire, B Castelnuovo (Uganda)

#### POSTER DISCUSSION SESSION 02 ► 12:30-13:30 ► POSTER AREA - HALL 3



### DRUG DEVELOPMENT: SOMETHING OLD, SOMETHING NEW

CHAIR: Agnes Gebhard (Netherlands) - TRACK: Drug-sensitive TB care and treatment, including trials

PC-708-04 Laboratory and non-clinical evaluation of pulmonary drug delivery in TB

S Pandya, A Gupta, R Ranjan, M Sachan, A Srivastava, A Misra (India)

PC-709-04 Can vitamin C augment sputum conversion in TB patients while on anti-tuberculosis treatment?

L Gujral, S Mugudalabetta, R K Ramalingapuram Muthusloahy (India)

PC-710-04 Identification of optimal dose and dosing regimen of clofazimine for the treatment of MDR-TB based on

pharmacokinentic modeling

G Subramanian, G Sunkara, D Mcneeley, D Hughes (India, USA, Switzerland)

PC-711-04 A comparison of the effectiveness of a six- versus eight-month anti-tuberculosis regimen for pulmonary

tuberculosis under programme conditions

K Ukwaja, S Oshi, I Alobu, D Oshi (Nigeria)

PC-712-04 Therapeutic drug monitoring of isoniazid and rifampicin

L Moreno Exebio, L Lecca, G R Davies (Peru, UK)

PC-713-04 Plasma concentration of first-line anti-tuberculosis drugs in relation to minimal inhibitory concentrations: a

prospective observational study

K Niward, L Davies-Forsman, J Bruchfeld, J Paues, E Eliasson, J Werngren, U Simonsson, T Schön (Sweden)

PC-714-04 The role of wild-type distributions and epidemiological cut-offs in determining breakpoints for susceptibility

testing against M. tuberculosis

T Schön (Sweden)

PC-715-04 Spectinamides: a new class of semisynthetic protein synthesis inhibitors against tuberculosis that overcome

native drug efflux

R.e Lee, B Meibohm, A Lenaerts, E.c. Boettger, M.m. Butler, T.I. Bowlin (USA)

PC-716-04 Comparing the efficacy of drug regimens for patients with drug-sensitive pulmonary tuberculosis – an aggregate

data meta-analysis of phase II studies

L Bonnett, G R Davies (UK)



## TREATMENT OUTCOMES AND ETHICS: BEDAQUILINE

	CHAIR: ID Rusen	(Canada) - TRACK	: Drug-resistant TB	care and treatment	. including trials
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- PC-717-04 The ethics of risk-benefit analysis of new tuberculosis drugs
  D Silva, R Upshur, A Dawson (Canada)
- PC-718-04 Treatment interruption and directly observed treatment of multidrug-resistant tuberculosis patients in China X Wei, J Yin, G Zou, Z Zhang, J D Walley, Jose Harwell, Q Sun, Ht Li (Hong Kong, China, UK)
- PC-719-04 Compassionate use of bedaquiline: interim outcomes from the Armenian National Tuberculosis Control Office C Hewison, J Fagirzai, A Hayrapetyan, N Khachatryan, S Qayyum, F Varaine (France, Armenia)
- PC-720-04 Is bedaquiline as effective as fluoroquinolones in the treatment of MDR tuberculosis? A microbiological appraisal through a case-control study

  L Gugliologiti, D Lo Dô, N Veziris, E Courses, V Vezdanganah, L Behort, M. Jachym, For The Mdr. Th. Management, Group.

L Guglielmetti, D Le Dû, N Veziris, E Caumes, Y Yazdanpanah, J Robert, M Jachym, . For-The-Mdr-Tb-Management-Group-Of- (France)

- PC-721-04 Reasons for not participating in a tuberculosis clinical trial, Lima, Peru 2014
  C C Contreras, C Morán, M Lindeborg, Fann Garcia, M Milstein, L Lecca, C Mitnick (Peru, USA)
- PC-722-04 Bedaquiline-containing treatment regimens for multidrug-resistant tuberculosis S Borisov, T Ivanushkina, D Ivanova, N Litvinova, A Filippov (Russian Federation)
- PC-723-04 Bedaquiline: new capabilities to treat MDR-TB patients
  I Vasilyeva, A. Samoilova, T. Bagdasaryan, V Testov, A. Tikhonov, L Chernousova (Russian Federation)
- PC-724-04 Geographical differences in baseline drug resistance patterns and their impact on treatment outcomes in a single-arm bedaquiline phase II trial (C209)

A Pym, A Diacon, F Conradie, S Tang, M Haxaire-Theeuwes, N Lounis, B Van Baelen, B Dannemann (South Africa, Belgium, USA)

PC-725-04 Encouraging early outcomes for individualized treatment of multidrug-resistant tuberculosis using bedaquiline and linezolid in Khayelitsha

E Mohr, H Cox, L Wilkinson, G Van Cutsem, V Cox, J Daniels, O Muller, J Hughes (South Africa)

## POSTER DISCUSSION SESSION 04 ► 12:30-13:30 ► POSTER AREA - HALL 3



# NEW APPROACHES TO HEALTH SYSTEMS, CARE AND MANAGEMENT FOR DRUG-RESISTANT TB

CHAIR: Joseph Nikisi (Zambia) - TRACK: Drug-resistant TB care and treatment, including trials

PC-726-04 Occluding cavities with endobronchial valves for the treatment of multidrug-resistant tuberculosis: early clinical experience

Z Wang, H An, L Liu, T Wang (China)

PC-727-04 Decentralized MDR-TB service model increased access to case finding in the Amhara and Oromia regions of Ethiopia

Y Molla, M Aseresa Melese, I Jemal Abdulahi, Dr Habte, Y Haile, Dj Dare, Y Anteneh Kassie, P G Suarez (Ethiopia, USA)

- PC-728-04 Drug use review program in Uzbekistan: pathway to improved rational use of anti-tuberculosis medicines M Tillyashaykhov, Iv Liverko, V Belotserkovets, M Kavtaradze, A Salakaia (Uzbekistan, Georgia, USA)
- PC-729-04 Systematic expansion of drug-resistant tuberculosis services reduced treatment initiation delay by five fold in Jharkhand India
  V Ghule, A Sreenivas, P Parmar, R Dayal, R Pathak, S Saruk, A Mitra (India)
- PC-730-04 Need to improve knowledge about management of MDR-TB among medical personnel in India
  P Mithra, P Banuru Muralidhara, B Unnikrishnan, R Thapar, N Kumar (India)
- PC-731-04 Pathways of care for DR-TB in Mumbai slums: case for use of rapid diagnostic tests E Lobo, A Patil, S Rangan, S Shah, Y Dholakia, N Mistry (India)
- PC-732-04 A novel therapeutic vaccine against tuberculosis in the cynomolgus monkey model: preclinical study and clinical trial

  M Okada, T Nakajima, Y Kaneda, Y Inoue, K Tomono, K Tsuyuguchi, S Shoji, T Saito (Japan)
- PC-733-04 Universal access to the MODS assay reducing the incidence of MDR-TB cases in Arequipa, Peru A Mendoza-Ticona, C Figueroa, Mary Perea, V Vargas, D Zavala, A Ortega, V Alarcon
- PC-734-04 Modeling scenarios to determine the optimal MDR-TB treatment regimens in India L Smith, P Yadav, N Arinaminpathy, R Anupindi, B Balogh (USA, UK)

# 

PC-737-04

PC-738-04

## **COLLABORATIVE SERVICES FOR TB AND DIABETES**

CHAIR: Angelica Salomao (Mozambique) - TRACK: TB and diabetes/TB and other non-HIV comorbidities	chair: Angelica Salomao	(Mozambique) - TRAC	K: TB and diabetes/TB ar	nd other non-HIV comorbidities
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PC-735-04 Body mass index and risk of tuberculosis: analysis from two prospective cohorts

H Fu, H-H- Lin (UK, Taiwan)

Screening of tuberculosis patients for diabetes in public-private partnership projects in India

S Mugudalabetta, L Gujral, S K Muthusamy, R Begum (India)

Study of TB-diabetes collaborative activities under the Revised National TB Control Programme, Maharashtra, India

B Pawar, Sand Bharaswadkar, O Bera, S Kamble (India)

PC-739-04 Performance of laboratory glycated haemoglobin (HbA1c) as a screening test for diabetes mellitus in pulmonary

tuberculosis

S Imaculata, N Nathalia, S Mcallister, R Koesoemadinata, R Ruslami, B. Alisjahbana, P Hill, R Van Crevel (Indonesia, New

Zealand, Netherlands)

PC-740-04 Age, body mass index and family history of DM as predictors of DM for TB patients

L Prasiddha, T Pakasi, Is Widyahening (Indonesia)

PC-741-04 Avances de la estrategia nacional de atención integrada de la comorbilidad tuberculosis-diabetes mellitus en

México

Y Dávila, M A Garcia, Mart Castellanos (Mexico)

PC-742-04 Life after TB: a systematic review of imaging defined post-TB lung disease

J Meghji, H Simpson, K Mortimer, S B Squire (UK)

## POSTER DISCUSSION SESSION 06 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### TB SURVEILLANCE FROM SWAZILAND TO JAPAN

CHAIR: Vishnu Mahamba (Tanzania, United Rep.) - TRACK: TB epidemiology

PC-743-04 District-level performance monitoring improved the accuracy of TB program reporting in Ethiopia
Dr Habte, N Demmelash, G Negussie, I Jemal Abdulahi, Dj Dare, M Aseresa Melese, Y Haile, P G Suarez (Ethiopia, USA)

PC-744-04 Surveillance system evaluation of the integrated disease surveillance project (IDSP) in Shimla district, Himachal

**Pradesh, India** O K Bharti (India)

PC-745-04 Accelerating TB notification among private providers using ICT based applications in Delhi, India

D Kundu, K Chopra, A Khanna, Tj Padmini, B Neeti (India)

PC-746-04 Recommendations for TB intensified case finding based on national TB prevalence survey results in Indonesia

B Dwihardiani, Db Lolong, Lam Pangaribuan, Os Simamarta, M Farid, F Ahmadi, T N Dinihari, C Widaningrum (Indonesia)

PC-747-04 Age progression among notified tuberculosis patients and its implications in Japan

A Ohkado, K. Uchimura, S. Yoshimatsu, K Izumi, L Kawatsu, K Ito (Japan)

PC-748-04 Use of the national electronic database to map TB patients with transfer out outcomes in Kenya

J Kiarie, D Mibei (Kenya)

PC-749-04 Swaziland active surveillance and patient safety monitoring for patients on ARVs and TB drugs

K Kunene, N Shongwe (Swaziland)

PC-750-04 Evaluation of the tuberculosis surveillance system in Shamva District, Zimbabwe, 2014

R Makurumidze, N Gombe, D Bangure, M Tshimanga, T Magure (Zimbabwe)



## **TUBERCULOSIS: FROM THE BENCH TO THE GRAVE**

CHAIR: Silvia Kekbert (Angola) - TRACK: TB epidemiology

PC-751-04	Recurrence rate of tuberculosis and mortality among smear-positive patients in Viet Nam
	G Fox, N Nguyen, Ta Nguyen, TI Phan, B H Nguyen, Na Le, W Britton, G Marks (Australia, Viet Nam)

PC-752-04 Deaths due to tuberculosis in Natal, Rio Grande do Norte, Brazil, 2008-2014
A Queiroz, Mcc Garcia, Lh Arroyo, A Belchior, J Crispim, M Touso, M Popolin, R Arcencio (Brazil)

PC-753-04 Excess mortality of tuberculosis patients in Shanghai, China: a 10-year follow-up study W Wang, Q Zhao, B Xu (China)

PC-754-04 Analysis of factors associated with overdiagnosis of tuberculosis
Z Laushkina (Russian Federation)

PC-755-04 Feasibility of a streamlined SIngle-saMPLE (SIMPLE) TB diagnosis and treatment initiation strategy in Uganda P Shete, E Ochom, P Howlett, P Haguma, L Chaisson, A Katamba, D Moore, A Cattamanchi (USA, Uganda, UK)

PC-756-04 Tuberculosis mortality in Puerto Rico, 2009—2013
D Thomas, T Chorba, M Bermudez, S Mase, O Joglar, A Khan, B Rivera-Garcia (USA)

PC-757-04 Mortality amongst TB cases in the UK: an analysis of surveillance data D Pedrazzoli, R Houben, R White, M Lalor, L Thomas (UK)

PC-758-04 Occupational exposure to indoor congregate settings and tuberculosis mortality J Wolny, C Jackson, H Stagg, I Abubakar, T Yates (UK)

#### POSTER DISCUSSION SESSION 08 ► 12:30-13:30 ► POSTER AREA - HALL 3



PC-764-04

## TRENDS, TRANSMISSION AND TUBERCULOSIS CASE FINDING

CHAIR: NII Nortey Hanson-Nortey (Ghana) - TRACK: TB epidemiology

PC-759-04 Offer incentives and directly observed treatment of tuberculosis in primary health care in a Brazilian city A Beraldo, Nh Orfao, A Wysocki, Me Brunello, R Andrade, Lm Scatena, Tc Scatena Villa (Brazil)

PC-760-04 Temporal trends of drug-resistant tuberculosis in eastern rural China, 2005-2012 Yi Hu, L Wu, Q Zhao, W Jiang, B Xu (China)

PC-761-04 Is tuberculosis going down in West Papua? Challenges in disease control T Pakasi, Ha Papendang (Indonesia)

J Andrews, S Hermans, R Wood (USA, South Africa)

PC-762-04 Increased case finding among high-risk groups by mobilizing frontline health workforces in Kathmandu Valley
Rs Gopali, G Shrestha, B Lamichhane, N Ishikawa, L Ditiue (Nepal, Japan)

PC-763-04 Diagnostic value of clinical features of presumptive TB patients in Bagamoyo, Tanzania: a prospective cohort study

F Mhimbira, J Hella, M Sasamalo, K Ibrahim, E Mfinanga, Fe Haraka, L Jugheli, K Reither (Tanzania, United Rep.,

Switzerland)

Seasonal drivers of tuberculosis: evidence from 100 years of notifications in Cape Town

PC-765-04 The importance of household versus community tuberculosis transmission in Peruvian shantytowns L Martinez, S Isaacson, R Gilman, M Saito, L Cabrera, R Oberhelman, C Evans (USA, Peru)

PC-766-04 The impact of changes in patterns of migration on TB incidence in the UK
M Muzyamba, D Pedrazzoli, D Zenner, M Lalor, J Davidson, I Abubakar, L Thomas (UK)

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## PUBLIC-PRIVATE STRATEGIES TO END TB: THE CASE OF INDIA

CHAIR: Blessina Kumar (India) - TRACK: Advancing the End TB strategy and other	CHAIR: Blessina Kuma	(India) - TRACK: Advancing the	e End TB strategy and other i	policy issues
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PC-767-04	AYUSH providers' involvement in TB prevention and care under PPP in India
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B Entoor Ramachandran, S Chadha, S Waikar (India)

## PC-768-04 Why are private practitioners not willing to be part of the tuberculosis control programme in India?

P Banuru Muralidhara, S Pattanshetty, P Mithra (India)

### PC-769-04 Have I notified a TB patient today? Study of TB notification by private sectors after the introduction

of Nikshya in India

S Satapathy, B Thapa, S Chadha (India, Nepal)

#### PC-770-04 How to better equip private health service providers to fight tuberculosis in India: a study of the PHSP

perspective on the challenges

S Satapathy, B Thapa, S Chadha (India, Nepal)

#### PC-771-04 Public health marketing: engaging private providers for public health the pharma way

S Vijayan, R Gandhi, V Oswal, G Ghatawat, R Chopra, Mohu Datta, J Thakker, S Pandey (India)

## PC-772-04 TB notification in south India: what do private practitioners anticipate?

A Trivedi, S Burugina Nagaraja, S Chadha, S Prasad, Sury Kanth, K Sagili (India)

#### PC-773-04 Public private partnership in HIV and TB: a case study of India

R Deshmukh, A Amar Shah, A Elizabeth, A Sreenivas, Ks Sachdeva (India)

#### PC-774-04 Urban free TB service delivery via engagement with private providers in urban Mumbai, India

S Vijayan, T Shah, P Keskar, A Bamne, M Khetarpal, J Salve, R Chopra, J Thakker (India)

#### POSTER DISCUSSION SESSION 10 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### WHAT'S APP DOC? USE OF M-HEALTH

CHAIR: Kelly Curran (USA) - TRACK: Advancing the End TB strategy and other policy issues

## PC-775-04 Effects of electronic tuberculosis information system on quality of TB data in Afghanistan

Gq Qader, Sd Mahmoodi, H Manochehr, Dr. Azimi, M Rashidi, M Seddiq, P G Suarez (Afghanistan, USA)

#### PC-776-04 Improving smear negative case detection using social media (WhatsApp) under Revised National TB Control

Program in Ahmedabad district, Gujarat, India

D Kapadiya, P Dave, B Vadera, Pate Prakash, R Solanki, S Yadav, B Dave (India)

#### PC-777-04 The usefulness and feasibility of mobile phone voice based system for notification of tuberculosis by private

medical practitioners: a pilot project

B Velayutham, B Thomas, D Nair, K Thiruvengadam, K Thiruvengadam, S Prashant, S Kittusami, A Jhunjhunwala, S

Swaminathan (India)

### PC-778-04 Short message services (SMS) and interactive voice response system (IVRS): gateways to quality care

and TB treatment adherence in Andhra Pradesh, India

S Achanta, J Jaju, M Parmar, A Sreenivas (India)

### PC-779-04 Mobile versus non mobile user rural health care providers diagnosing TB patients: comparative analysis

from a tribal district in India

A Trivedi, S Chadha, S Satapathy (India)

#### PC-780-04 WhatsApp': could real-time data sharing enable a complementary surveillance system?

Future of health information management

S Vijayan, A Karad, R Gandhi, P Kandasamay, J Thakker, R Chopra, Mohu Datta, V Jondhale (India)

## PC-781-04 Optimizing an electronic TB register to increase tuberculosis case notification and treatment success in Uganda

and South Sudan

M Mubeezi, Nels Sewankambo, E Obuku, Caro Nalugwa, J Mogga, S Macharia, H Lasu, F Mugabe (Uganda, South Sudan,

Republic of)

#### PC-782-04 Characteristics associated with mobile phone access among tuberculosis patients in Pune, India

Y Ogale, J Elf, R Lokhande, S Roy, V Mave, A Gupta, J Golub, J Mathad (USA, India)



# **BASIC SCIENCE: BUGS AND DRUGS**

CHAIR: Valerie Mizrahi (South Africa) - TRACK: Basic science

PC-783-04	In vitro anti-mycobacterial activity of selected medicinal plants against Mycobacterium tuberculos	
	and Mycobacterium bovis strains	
	Ag Mekala, G Ameni, M Giday, A Worku (Ethiopia)	

# PC-784-04 New horizons for quinolone-class agents K Drlica, A Mustaev, R Kerns, X Zhao, J Berger (USA)

- PC-785-04 Study of herbal bioenhancers extract on various characteristics of isoniazid and rifampicin microspheres P Pingale, R.p. Ravindra (India)
- PC-786-04 Phosphate ABC transporter systems regulate the level of rifampicin resistance in Mycobacterium tuberculosis M Grobbelaar, S Sampson, E Louw, T Victor Phd, P Van Helden, R M Warren, M De Vos (South Africa)
- PC-787-04 Clofazimine: mechanism of resistance within M. tuberculosis
  H Visser, M De Vos, R Van Der Merwe, T Victor Phd, P Van Helden, R M Warren, L Paul (South Africa)
- PC-788-04 Whole genome analysis of IS6110 insertion sites in two closely related Mycobacterium tuberculosis Beijing strains with distinct pathogenic phenotypes

  K Siame, R M Warren, P Arnab, A Abdallah, A Christoffels, N Gey Van Pittius, S Sampson (South Africa)
- PC-789-04 Global high-throughput analysis of DNA-binding proteins in Mycobacterium smegmatis N Steyn, T Heunis, P Van Helden, R M Warren, M Williams, S Sampson (South Africa)
- PC-790-04 Expression and purification of Mycobacterium tuberculosis Rv14a possible SUF system regulator D Willemse, B Weber, R M Warren, M Williams (South Africa)
- PC-791-04 Persistence of bacilli during treatment of TB is associated with changes in colony lag phase D Barr, M Kamdolozi, Y Nishihara, V Ndhlovu, J Meghji, M Khonga, G R Davies, D Sloan (UK)

# POSTER DISCUSSION SESSION 12 ► 12:30-13:30 ► POSTER AREA - HALL 3



# TB DIAGNOSTIC CHALLENGES: MOLECULAR AND OTHER TECHNIQUES

CHAIR: Mark Nicol (South Africa) - TRACK: TB diagnostics, including molecular methods

- PC-792-04 Molecular profile of drug resistance in bone and joint tuberculosis in China G Wang, H Huang (China)
- PC-793-04 Comparison between fine needle aspiration cytology and GeneXpert® in the diagnosis of TB lymphadenitis in Ethiopia

T Gemechu, M Aseresa Melese, B Tessema, N Demmelash, Dr Habte, Dj Dare, P G Suarez (Ethiopia, USA)

- PC-794-04 Need to adapt better diagnostic tools to improve the diagnostic accuracy of sputum-negative TB cases in India S Dapkekar, R Yeole, S Kamble, P Parmar, A Sreenivas (India)
- PC-795-04 Diagnosis of drug-resistant tuberculosis by Xpert® MTB/RIF (CBNAAT) in extra-pulmonary samples: a retrospective analysis from Central India
  P Desikan, N Panwalkar, S Dhawan, K Rade, S Mannan, L Mehandru, N Kulshreshta, M Pandey (India)
- PC-796-04 Utility of GeneXpert® for diagnosis of rifampicin-resistant extra-pulmonary tuberculosis: a retrospective review of 70 cases, SGH, Pune, India

S Girish, A Kagal, S Dharmshale, R Bharadwaj, A Chandanwale, R Lokhande (India)

- PC-797-04 Clinical features of urogenital tuberculosis E Kulchavenya, D Kholtobin (Russian Federation)
- PC-798-04 Differential diagnosis of prostate tuberculosis
  E Brizhatyuk, E Kulchavenya, A Baranchukova (Russian Federation)
- PC-799-04 A randomised controlled trial of the impact of Xpert® on tracheal aspirates within a burden of disease study in South African intensive care units

G Calligaro, G Theron, H Khalfey, J Peter, M Miller, L Michell, I Joubert, K Dheda (South Africa, UK)

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# **DIVERSE DIAGNOSTICS**

CHAIR: Joseph Burzynski (USA	- TRACK: TB diagnostics	, including molecular methods
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PC-800-04	Can line probe assay be used directly on smear-positive extra-pulmonary samples?

P Dave, P Patel, B Vadera, M Ghedia, H Thanki, A Amar Shah, K Pujara (India)

PC-801-04 Evaluation of colorimetric detection based liquid culture system for rifampicin testing for Mycobacterium

tuberculosis

R Singhal, Manp Bhalla, N Singh, R Sarin, D Behera, P Sharma (India)

PC-802-04 Evaluation of the bacteriological diagnosis of adult tuberculous meningitis in Indonesia

L Chaidir, J Annisa, S Dian, C Ruesen, B. Alisjahbana, I Parwati, A.r Ganiem, R Van Crevel (Indonesia, Netherlands)

PC-803-04 Genotyping of Mycobacterium tuberculosis isolated in a national reference laboratory in Baghdad

Ruqa Ali, A Al Sudani, Lyat Salihi, M Abdulrazaq (Iraq)

PC-804-04 Effectiveness of the detection of LTBI infection using tuberculin skin test and CFP-10-ESAT-6 allergen in children

and adults in Moscow, 2013-2014

L Slogotskaya, E Bogorodskaya, O Senchihina, G Nikitina, V Litvinov, P Seltsovsky, D Kudlay, N Nikolenko (Russian

Federation)

PC-805-04 A sensitive urinary lipoarabinomannan test for tuberculosis in HIV-negative patients

A Westman, B Hamasur, G Fröberg, J Bellbrant, M Correia-Neves, J Bruchfeld, G Kallenius (Sweden)

PC-806-04 Bedaquiline minimal inhibitory concentration quality control ranges for drug susceptibility testing

in a multi-laboratory study

K Kaniga, D M Cirillo, S Hoffner, N Ismail, B Metchock, G Pfyffer, A Sloutsky, A Venter (USA, Italy, Sweden, South Africa,

Switzerland)

PC-807-04 Which attributes within target product profiles for TB diagnostics are the most important to focus on?

T Adepoyibi, L Lillis, H Greb, D Boyle (USA)

PC-808-04 Use of automated MGIT culture tubes with a conventional incubator and manual reader for TB diagnosis

in resource-limited settings A Kruuner, B Kosloff (Zambia)

### POSTER DISCUSSION SESSION 14 ► 12:30-13:30 ► POSTER AREA - HALL 3



# GENE MUTATION: THE ENGINE BEHIND DRUG RESISTANCE AND TB STRAIN DIVERSITY

CHAIR: Lesibana Malinga (South Africa) - TRACK: Drug resistance determination - molecular and phenotypic

PC-810-04 Genomic characterisation of multidrug-resistant (MDR) and non-MDR Mycobacterium tuberculosis complex from two urban referral centres in South Nigeria

M Senghore, J Otu, A Witney, A Kehinde, O Idigbe, B De Jong, M Pallen, M Antonio (Gambia, Nigeria, Belgium)

PC-811-04 Characterization of drug-resistant Mycobacterium tuberculosis complex species: higher rates of RMP resistance

among M. tuberculosis patients in Northern Ghana

Id Otchere, A Asante-Poku, S Osei-Wusu, S Aboagye, A Forson, F Bonsu, S Gagneux, D Yeboah-Manu (Ghana, Switzerland)

PC-812-04 Molecular epidemiology of extensively drug-resistant strains of M. tuberculosis in Southern Kazakhstan

A Alenova, T Abildaev, P Tarlykov, D Raimbek, E Zholdybayeva, E Ramanculov (Kazakhstan)

PC-813-04 Detection of mutations among rifampicin- and isoniazid-resistant Mycobacterium tuberculosis isolates

in Kazakhstan

Y Tursynbay, A Akhmetova, L Chingisova, V Bismilda, A Akilzhanova, U Kozhamkulov (Kazakhstan)

PC-814-04 Trends in pattern of resistance to first-line anti-tuberculosis drugs, Malawi

K Mbendera, Lc Chisuwo, F Nyakwawa, L Chaponda, F Kassa, Bg Belaineh, I Dambe, J Mpunga (Malawi)

PC-815-04 The correlation between genetic mutations for isoniazid resistance by line probe assay and phenotypic resistance

by drug susceptibility testing

Z Puyen, Hada Ramirez, E Pacheco, Jr Acosta Barriga (Peru)

PC-816-04 Potential of rifabutin in the treatment of rifampicin-resistant tuberculosis

A Van Rie, M Whitfield, L Scott, F Sirgel, Y Voss De Lima, W Stevens, R M Warren (USA, South Africa)



# GENE XPERT: THE NUTS AND BOLTS OF TB DIAGNOSIS

CHAIR: Anand Date (USA) - TRACK: TB laboratory services: organisation and quality assurance

PC-817-04 Failing Xpert® MTB/RIF modules: When ? What warranty is needed from the customer's perspective? Experience in the DR Congo

E Renard, E Andre (Belgium)

PC-818-04 Stability of Xpert® MTB/Rif reagents in sub-optimal storage conditions. Evaluation based on three years' experience in the Democratic Republic of Congo

C Vande Kerckhove, E Andre (Belgium)

PC-819-04 Etude comparative de la sensibilité de Mycobacterium tuberculosis à la rifampicine sur MGIT 960 versus système Xpert®

My Fall Niang, A Ba Diallo, A Ndiaye Diawara, Gw Ossoga, A Thiam, A Gaye-Diallo (Senegal, Chad)

PC-820-04 Online Xpert® recording and reporting system in Kenya

J Ogoro, E Masini, M Kamene, T Miura, S Chebore, M Mburu (Kenya, Japan)

PC-821-04 Understanding the introduction of new laboratory technology in a poorly resourced setting: the case of GeneXpert® in Nepal

R Khatri, K Dahal, S Baral, I Harper (Nepal, UK)

PC-822-04 Mycobacterium tuberculosis in the laboratory: when the hunter becomes hunted

B Magazi (South Africa)

PC-823-04 Operational implementation of a quality assurance monitoring protocol for GeneXpert® in a hospital setting in

Kampala, Uganda

L Asege, D Armstrong, A Andama, M Joloba, F Semitala, J Lemaire, A Cattamanchi, C Yoon (Uganda, USA, Switzerland)

PC-824-04 Evaluation of the impact of Xpert® testing on the diagnosis and cascade of care of drug-susceptible tuberculosis

in Epworth, Zimbabwe

R Harrison, C Ssonko, J Greig, J Arhem, T Maparo, E C. Casas, D Legrand, D Fusco (Zimbabwe, UK, Netherlands)

### POSTER DISCUSSION SESSION 16 ► 12:30-13:30 ► POSTER AREA - HALL 3



# RETAINING OUR PATIENTS IN CARE

CHAIR: Marlene Poolman (South Africa) - TRACK: Patient-centred care

PC-825-04 Factors contributing to good TB treatment adherence among patients in North West Region of Cameroon A Z Achidi, W Mbacham, I Ndong, M Sander, L Ayuk, P Aseh (Cameroon)

PC-826-04 Use of counselling to retrieve and retain lost to follow-up multidrug-resistant patients in India S Waikar, A Kapoor, B Entoor Ramachandran, S Chadha (India)

PC-827-04 Poverty induced migration causes TB treatment default in tribal district, Lohardaga, Jharkhand, India: calls to enforce TB and migrant strategy

S Nayak, R Dayal, S Chadha, V Ghule, O Bera, R Pathak, A Das, P Mishra, P Mishra, K Rout (India)

PC-828-04 Axshya Project (TS&AP): experience of retrieval of potential TB drug interrupters

A Kumar, P Varma, Peri Sundaresh, V Panibatla, S Mukhopadhyay, S Cornelius, B Samuel (India)

PC-829-04 Risk factors for loss to follow-up among DR-TB patients on second-line treatment in Kyrgyzstan

A Toktogonova, A Estebesova, E Kotysheva, S Fedorova, E Maliukova, N Kurmanova, A Kadyrov, S Verver (Kyrgyz Republic, Netherlands)

PC-830-04 Common difficulties in tracing tuberculosis treatment interrupters

M Mohamad, N A Noor, N Abdullah, W Al-Kubaisy-Abd-Al-Qahar (Malaysia)

PC-831-04 Social issues are an important contributor to lost to follow-up during TB treatment: experience from the North and Northeast of Namibia

L Petersen, S Dalebout, Stev Neri, D Moongo, R Indongo, F Mavhunga, T N. Shilongo (Namibia)

PC-832-04 Improving continuum of care for mine workers on TB treatment across borders during holidays

N Sigwebela, A Hani (South Africa)

PC-833-04 Involvement of sub-county health workers in improving cure rates

A Batwaula, A Mugume, R Kimuli, H Ndagire (Uganda)

PC-834-04 An ethnographic account that assesses drug-resistant tuberculosis patients' ability to adhere to treatment

in Cape Town, South Africa

L Winterton (UK)

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# **INCLUDING THOSE AFFECTED IN CARE**

снаік: Sara Massau	t (Netherlands) - TRACK: Patient-centred care
PC-835-04	Improved urban DOTS strategy: strengthening referral linkages between tertiary hospitals and treatment (DOTS) centres S Islam, T Hirayama, M Akramul Islam, S Reza, N Ishikawa, M Haque, M Siddiqui (Bangladesh, Japan)
PC-836-04	Can contact Investigation play a role in missing one million in India? B Entoor Ramachandran, S Chadha, S Waikar (India)
PC-837-04	A study on awareness and stigma related to tuberculosis among patients attending a district TB centre, Kollam P Teena, P Rakesh, K Viswanathan, C Joltin, V Sameer, P Bhat, Tomi Thomas (India)
PC-838-04	Civil society TB forum gears up to protect the rights of TB patient and supports in ensuring social security of TB patients S Nayak, S Chadha, S Mohanty, A Das, S Diwakar, P Banuru Muralidhara, K Deepak, J Thithio (India)
PC-839-04	Systematic screening of contacts of DR-TB patients in Andhra Pradesh: results of a rapid survey C Chatla, J Jaju, S Achanta, C Purad, R Chepuri Nagaraj, R Samyuktha, A Sreenivas, P Parmar (India)
PC-840-04	Factors associated with performance of tuberculosis support volunteers in Lusaka, Zambia, 2014-2015 Y Toyama, M Ota, Y Onoe, I Njovu, Y Takemura, A Ito, G Samungole, S Hirao, H Ogata (Japan)
PC-841-04	Adherencia al tratamiento anti-tuberculoso en pacientes de un ensayo clínico que recibieron acompañamiento comunitario versus pacientes que asisten a (TITLE TRUNCATED, PLEASE CHECK) Judi Jimenez, R Yataco, B Martel, Dali Garcia, L Panduro, Elna Osso, C C Contreras, C Mitnick (Peru, USA)
PC-842-04	Improving TB control in urban settings through engagement of community linkage facilitators: the case of Kampala City C Nanziri, D Lukoye, A Etwom, S Ntudhu, D Okello, B Woldemariam, P G Suarez, E Birabwa (Uganda, Ethiopia, USA)
PC-843-04	Self-reported health of TB patients in Republic of Macedonia: is less more, or is it even more complicated? D Gudeva Nikovska, F Tozija (Macedonia, Yugoslav Rep.)

# POSTER DISCUSSION SESSION 18 ► 12:30-13:30 ► POSTER AREA - HALL 3



# DON'T FORGET US: MIGRANTS AND INDIGENOUS POPULATIONS

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CHAIR: Andrew Cod	lin (Switzerland) - TRACK: TB in vulnerable and special populations
PC-844-04	Do migrants from developing countries transmit <i>M. tuberculosis</i> to locals in the host country?  Results of a molecular epidemiology study in Israel  Z Mor, E Rorman, D Chemtob, P Freidlin, N Cedar, H Kaidar-Shwartz1, Z Dveyrin, D Goldblatt (Israel)
PC-845-04	Spatiotemporal analysis of tuberculosis in South American immigrants in Sao Paulo municipality, 2006-2013 P Pinto, M Ribeiro, Mj Penon Rujula, C Silveira (Brazil)
PC-846-04	Enhanced tuberculosis management among Syrian refugees in Jordan L Kutkut, A Galev (Jordan, Kenya)
PC-847-04	Overview of the TB situation among migrants in Kazakhstan S Ussembayeva, E Berikova, S Pak, T Markabayeva (Kazakhstan)
PC-848-04	Challenges in managing MDR-TB in Dadaab refugee camp on the Kenya-Somali border D Miriti, H Mohammed, Y Mohamed, A Abdullahi, D Nyachieo, B Opare, N Marwan (Kenya)
PC-849-04	<b>Tuberculosis among the key health hazards of labor migrants from Central Asia in Moscow</b> D Kashnitsky, E Demintseva (Russian Federation)
PC-850-04	Utilizing existing health care workers to find TB cases in high-risk migrant populations in Swaziland V Masuku, P A Dlamini (Swaziland)
PC-851-04	Improving access to TB care services with community extension workers in tribal populations in Central India A Vyas, V Jain, C Andrew, C Jacob, S Sahu (India, Switzerland)



# TB IN CHILDREN: EPIDEMIOLOGY - I

	CHAIR: Surbhi	Modi (USA) -	TRACK: TB in	children
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PC-852-04 Tuberculosis in children in Brazil, 2014
D Gomes Dell'orti, A Torrens, F. Dockhorn, M.s. Evangelista, R Ruy De Souza, Nm Saita, Fm Reis, D Barreira (Brazil)

PC-853-04 Lessons learnt in a children's tuberculosis clinic

A Rossoni, C Oliveira Rodrigues, T Tannus Tahan, B Gabardo, M Rossoni, A Ruffino-Netto (Brazil)

PC-854-04 Risk factors for unfavorable treatment outcomes in DOTS-treated pediatric tuberculosis patients S Shelke, R Bollinger, A Chandanwale, A Deluca, N Gupte, P Adhav, D Kadam, A Gupta (India, USA)

PC-855-04 The epidemiology of childhood tuberculosis in Japan

S. Yoshimatsu, A Ohkado, K. Uchimura, K Izumi, L Kawatsu, K Ito (Japan)

PC-856-04 Treatment outcomes among children with tuberculosis in Malawi Bg Belaineh, I Dambe, K Mbendera, L Mlauzi, J Mpunga (Malawi)

PC-857-04 Epidemiology of childhood tuberculosis in Malawi: what more can we do?

J Mpunga, I Dambe, L Vito, K Mbendera, F Kassa, Bg Belaineh (Malawi)

PC-858-04 3-year analysis (2012-2014) of childhood TB notification in Akwa Ibom State, Nigeria: implications for childhood TB scale-up in a resource-limited area

A F Omoniyi, A Awe, V Obot, G Akang, J Kuye, R Eneogu, M Gidado, E Oyama (Nigeria)

PC-859-04 Assessment of management of tuberculosis among HIV-infected versus non-infected children at Kalembe-Lembe Pediatric Hospital, Kinshasa, R D Congo

P Lelo, Cath Akele, A Shoma, D Muteteke, G Bakaswa (Congo - Democratic Rep., USA)

### POSTER DISCUSSION SESSION 20 ► 12:30-13:30 ► POSTER AREA - HALL 3



# TB IN CHILDREN: DIAGNOSIS

CHAIR: Ben Marais (Australia) - TRACK: TB in children

PC-860-04 The diagnosis of tuberculosis in children in the province of South Kivu, Democratic Republic of Congo Y Lufungulo Bahati, F Zech, E Musafiri, D Kalumuna, G Bakaswa, A Murhula, D Van Der Linden, E Andre (Congo - Democratic Rep., Belgium)

PC-861-04 Utility of a clinical model for predicting the risk of tuberculosis in child contacts of tuberculosis cases in The Gambia

T Togun, U Egere, M.p Gomez, A Sillah, M Daramy, J Sutherland, P Hill, B Kampmann (Gambia, New Zealand, UK)

PC-862-04 Pediatric population: expediting the diagnosis of Intra-thoracic, multidrug-resistant tuberculosis U Singh, S Kabra, R Lodha, H Gautam, Y Verma, R Jain, G Mehta, P Pandey (India)

PC-864-04 Radiological findings in young children investigated for tuberculosis in Mozambique

Al Garcia-Basteiro, E Lopez Varela, O Joaquim Augusto, K Gondo, J Sacarlal, J Muñoz, P Alonso, Jl Ribó (Mozambique)

PC-866-04 Approaching a diagnostic point-of-care test for pediatric tuberculosis through evaluation of immune biomarkers across the clinical disease spectrum

S Jenum, S Dhanasakeran, A Mukherjee, S Singh, R Lodha, Sk Kabra, C Ritz, H Grewal (India, Norway)

PC-867-04 Effectiveness of screening questions used in enhancing pediatric TB detection in a rural setting S Saleem, M Jaswal, A Malik, F Amanullah, H Hussain (Pakistan)

PC-868-04 Advanced TB diagnostics in a resource-limited setting: findings from the first two years of the pediatric TB Centre of Excellence in Mbeya, Tanzania

J Bacha, J Benjamin, L Mwita, P Clowes, C Mangu, A Dinardo, K Ngo, A Mandalakas (Tanzania, United Rep., USA)

PC-869-04 Barriers to childhood tuberculosis diagnosis: a qualitative study

S Chiang, S Roche, C C Contreras, A Valentina Antonieta, H Del Castillo Barrientos, M Becerra, L Lecca (USA, Peru)

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# COPD, LUNG FUNCTION AND PULMONARY EMBOLISM

CHAIR: Nadia Aït-Khaled (Algeria) - TRACK: COPD, asthma and other lung health

PC-870-04 Incidence and risk factors of chronic obstructive pulmonary disease among smokers in Bangladesh A Siddiquee, Mah Chowdhury, S Ahmed, S Pervin, K Hasan, A Naheed, Ds Alam (Bangladesh)

PC-871-04 DNA damage and cellular abnormalities detected by micronucleus assay in patients with COPD, tuberculosis and lung cancer

A Gonçalves Da Silva, M J Bresciani, T E Karnopp, A Ferreira Weber, J H Ellwanger, Jap Henriques, A R Moura Valim, Lia Possuelo (Brazil)

PC-873-04 Prevalence of COPD among subjects with symptoms or exposure to risk factors in the city of Telavi, Georgia M Maglakelidze, N Maglakelidze, T. Maglakelidze, I Chkhaidze (Georgia)

PC-874-04 Chronic obstructive pulmonary disease screening among elderly in an urban community of South India using the IPAG questionnaire

Rc Chauhan, Aj Purty (India)

PC-875-04 Silico-tuberculosis and associated risk factors in Iran A Farazi, M Jabbariasl (Iran, Islamic Rep. Of)

PC-876-04 Validation of the American Thoracic Society respiratory questionnaire for lung function assessment among an occupational group of textile workers

T Jamali, Dr Asaad Nafees (Pakistan)

PC-877-04 Prevalence of chronic obstructive pulmonary disease among patients previously treated for pulmonary tuberculosis in Manila: a multi-center study
C Gulay, H Delfin, J Benedicto, L Fernandez, R Pagcatipunan, Jr. (Philippines)

PC-878-04 Activity of blood phagocytes in sarcoidosis and tuberculosis: phagocytic activity of neutrophils as simple test for differentiation both diseases?

A Dubaniewicz (Poland)

PC-879-04 Determinants of pulmonary embolism in Kinshasa hospitals

A Bakebe Mbaku, M Kashongwe, M Tshiasuma, C Mulenga, S Bisuta Fueza, B Kabengele, Z Kashongwe Munogolo, Jm Kayembe Ntumba (Congo - Democratic Rep.)

PC-1040-05 Risk of acute lower respiratory tract infections in adults associated with household air pollution from solid fuel use: a systematic review

H Jary, D Havens, K Mortimer, D Pope, N Bruce (UK)

POSTER DISCUSSION SESSION 22 ► 12:30-13:30 ► POSTER AREA - HALL 3



# **SMOKING CESSATION**

CHAIR: To be confirmed - TRACK: Tobacco control

PC-880-04 A European Respiratory Society Consensus Document to help smokers with pulmonary disorders to quit C Vardavas, C Gratziou, C Jimenez-Ruiz, J I De Granda (Greece, Spain)

PC-881-04 Impact of smoking cessation intervention package on treatment outcome of tuberculosis patients in North India: a cluster randomized control trial

S Goel, J Kathiresan, A Garg, S Raj, R J Singh (India)

PC-882-04 In-school cessation in low-income schools in Mumbai A Pilankar, D Chadha (India)

PC-883-04 Smoking cessation outcomes among in-patients in a tertiary care hospital: learning from LifeFirst Programme in India

P Todankar, V Thawal, H Gupte, L Choudhuri (India)

PC-884-04 National survey of smoking cessation services in Iran's primary health care system Z Hesami, M Aryanpur, Mr Masjedi (Iran, Islamic Rep. Of)

PC-885-94 Tobacco use among health professional students and their perceptions about cessation training: estimates by WHO regions CANCELLED

PC-886-04 Cross-sectional survey on quitting attempts among adolescent smokers in Dharan, Eastern Nepal Pms Pradhan (Nepal)

PC-887-04 Effective method for quitting tobacco

A Tenna (Sri Lanka)

PC-888-04 Developing and evaluating a behavioural support intervention for smokeless tobacco cessation in Pakistan and the UK

O Dogar, C Jackson, R Bibi, H Thomson, I Kellar, K Siddiqi (UK)



# **SOCIAL MEDIA CAMPAIGNS**

CHAIR: Wena Moelich (South Africa) - TRACK: Tobacco control

PC-889-04	Using a social media tool to enhance formal media in exposing tobacco industries interference in Bangladesh
	Mr. Mehedi, I Rasul (Bangladesh)

# PC-898-04 Media advocacy to raise tax in tobacco products in Bangladesh CANCELLED

# PC-891-04 Education, communication and public awareness about tobacco control: findings from the ITC Brazil survey C Perez, F Mendes, T Cavalcante (Brazil)

# PC-892-04 Media intervention as a tool to oppose tobacco industry interference B Sharma (India)

# PC-893-04 Media advocacy for the implementation of regulating smoking in films B Mathew (India)

# PC-895-04 Media coverage of tobacco control activities in Mizoram, India, 2011-2014 Jr Ralte, T Lalbiaksanga, L Rokhum, H Renthlei, L Lalnuntluangi, Zo Chhakchhuak, R J Singh (India)

PC-896-04 Rapid-response social media campaigns and how it helped to create the first nationwide anti-smoking-campaign made by the youth for the youth

CANCELLED

PC-897-04 Social media workshop for tobacco control C Garcia (Philippines)

# POSTER DISCUSSION SESSION 24 ► 12:30-13:30 ► POSTER AREA - HALL 3



CHAIR: Haileyesus Getahun (Switzerland) - TRACK: Civil society / patient & community engagement

PC-898-04	<ul> <li>Outcomes of private practitioners' engagement in tuberculosis case notification in Afgha</li> </ul>	
	a document review	

H Akhgar, H Manochehr, M Rasoli, Ghul Qader (Afghanistan)

PC-899-04 A community-based multi-department linked collaborative tuberculosis control model in China H Su, Lh Tang (China)

PC-900-04 Using community health volunteers to reach TB patients living in remote areas: the islands of South Nias Regency, Indonesia

E Siahaan, J Ake, S Ruschak (Indonesia)

PC-901-04 Does timing of household visits for active tuberculosis case finding affect outcomes in a community driven TB control program in India?

N Singh, B Thapa, Dr Mishra, A Das, S Chadha, S Mohanty, J Tonsing (Nepal, India)

PC-902-04 Local participation for TB control by using a community-based organisation model in migrant population R Chantichai, C Thamsuwan, Thi Samart (Thailand)

PC-903-04 Integrating HIV and malaria into TB outreach: lessons learnt from TB elimination campaigns conducted in 2014 in Imo State, Nigeria

A F Omoniyi, G Akang, A Awe, C Orji, G Madu, M Gidado, J Kuye, E Oyama (Nigeria)

PC-904-04 Increasing access to TB diagnostic services through remote smearing stations in Zamboanga City, Philippines R Agbulos, J Bue, T Yu, S Dela Cruz, S Masulit, A Lagos (Philippines)

PC-905-04 Piloting Photovoice as a participatory research methodology in a cookstove adoption study in Malawi J Ardrev, N Desmond, R Tolhurst, K Mortimer (UK)

# ◆ HIV AND LUNG HEALTH: SOMETHING FOR EVERYONE

CHAIR	: Tolullah Oni	(South Africa) - TRACK: HIV and TB co-infection
	PC-906-04	Spirometric restrictive pattern in HIV-infected subjects: a cross-sectional comparative study P-Y Eric Walter, Ew Pefura-Yone, V Poka, Ad Balkissou, Ap Kengne (Cameroon)
	PC-907-04	Impact of HIV co-infection on the clinical presentation of childhood tuberculosis in Ghanaian children A Enimil, F Gallani, A Sarfo, D Bosumtwe, T Opoku, A Badu-Peprah, S Antwi, A Kwara (Ghana, USA)
	PC-908-04	Baseline anaemia among HIV-infected and non-infected patients initiating treatment for rifampicin-resistant tuberculosis in Khayelitsha, South Africa  J Hughes, E Mohr, V Cox, L Wilkinson, G Van Cutsem, H Cox (South Africa)
	PC-909-04	Including traditional health practitioners in community-based public private partnership to provide HIV and TB services in KwaZulu-Natal N Gqaleni, W Mbokazi, B Buthelezi, S Radebe, M Shabangu, N Buthelezi, V Ngobese, G Nene (South Africa)
	PC-910-04	Longitudinal assessment of health-related quality of life of HIV-infected patients treated for TB and HIV in South Africa  T Mthiyane, Cath Connolly, Y Balakrishna, A Pym, T Reddy, R Rustomjee (South Africa)
	PC-911-04	Characteristics and outcomes of HIV-infected, ART-naïve children diagnosed with TB disease in Mbeya, Tanzania J Bacha, J Benjamin, L Campbell, P Clowes, C Mangu, A Dinardo, K Ngo, A Mandalakas (Tanzania, United Rep., USA)
	PC-912-04	Smoking and tuberculosis among HIV-infected men in Soweto, South Africa: a case-control study L Bronner, N Martinson, R Moloney, R Msandiwa, M Mashabela, J Golub (USA, South Africa)
	PC-913-04	High prevalence of depression and hazardous/harmful alcohol use among TB-HIV patients initiating ART in Lesotho E Hayes-Larson, Y Hirsch-Moverman, S Saito, B Pitt, L Maama-Maime, K Frederix, A Howard (USA, Lesotho)
NOTES		

# **MEETINGS**

# **UNION ADMINISTRATIVE MEETINGS**

# UNION SCIENTIFIC SUB-SECTION MEETINGS

#### ATTENDEES: All members

The Tuberculosis Scientific Section is split into three sub-sections that give members the option of focusing on key TB issues and approaches. Non-members are welcome to attend the sub-section meetings to find out how to become more involved.

08:00-08:50	ROOM
TB / Bacteriology & Immunology	Ballroom East -CTICC
TB / Nurses & Allied Professionals	Ballroom West - CTICC
TB / Zoonotic TB	Auditorium II

# UNION SCIENTIFIC WORKING GROUP MEETINGS

#### ATTENDEES: All members

The Union currently has 16 working groups that undertake specific projects within fixed time-frames. Activities undertaken by current groups include developing official policy statements, publishing technical guides and other resources, carrying out research projects, raising global awareness of topical TB and lung health issues and providing a forum for discussion and development. Self-funded, working groups rely on the support and dynamism of members in order to flourish and achieve their aims.

Non-Union members are welcome to attend the working group meetings and find out more about projects and plans for 2016, as well as how to become involved.

08:00-08:50	ROOM
Asthma management in low- and middle-income countries	Sir F. Drake - Westin
Childhood TB	MR 2.41-2.43
Countering tobacco industry interference in public health policies	MR 2.64-2.66
Global indigenous Stop TB initiative	Marco Polo - Westin

# UNION REGION MEETINGS

ATTENDEES: All conference delegates are encouraged to attend the meeting of their region

The Union is divided into seven regions to provide a platform to address lung health and related issues from a regional perspective. The structure offers members opportunities to network with colleagues who face the same regional challenges and contributes to The Union's deep understanding of local issues. All conference delegates (members and non-members) are encouraged to attend their region's meeting to share ideas for strengthening their region and turning The Union's vision of 'health solutions for the poor' into a reality at a local level.

12:15-13:15	ROOM
Africa	MR 2.41-2.43
Europe	MR 2.64-2.66
Latin America	MR 2.44-2.46
South-East Asia	MR 2.61-2.63

# UNION SCIENTIFIC SECTION MEETINGS

### ATTENDEES: All members

The Union's scientific sections give members the opportunity to affiliate with others who share the same interests and collaborate on research, publications and projects. One of their principal activities is to propose sessions and contribute to the planning of The Union World Conference on Lung Health, the largest annual conference focusing on lung health issues as they affect low- and middle-income populations. They also participate in the governance of The Union through the General Assembly.

Non-members are welcome to attend the section meetings to find out more.

17:15-18:45	ROOM
Adult & Child Lung Health	Marco Polo - Westin
Tuberculosis	Da Gama/Diaz-Westin

# STUDENT NETWORKING FORUM

ATTENDEES: Current and interested student members, Union bureau and Institute representatives

The Union would like to invite all current and interested students to attend its 2nd annual student networking forum. This informal event will take place in The Union Village on Friday, 4 December from 18:00 to 19:00 and will be a valuable opportunity for students to meet Union experts as well as engage with other students. To find out more, please visit the Membership Stand in The Union Village.

# SIDE MEETINGS

10:00 - 12:30 ► ROOM: MR 1.63-1.64 ► CLOSED MEETING

# TB CLINICAL TRIAL DATA SHARING PLATFORM

#### COORDINATOR

Piero Olliaro, World Health Organization, TDR (Switzerland) Progress has been made in the establishment of a TB clinical data sharing platform. This session aims at sharing progress before launching the platform.

10:00 - 13:00 ▶ ROOM: MR 1.41-1.42 ▶ MEETING OPEN TO ALL DELEGATES

# REGIONAL PROGRESS AND OPPORTUNITIES IN TOBACCO TAXATION

#### CHAIRS

Sylviane Ratte, The Union (France), Rajeev Cherukupalli, Johns Hopkins University (USA) Addressing tuberculosis and diabetes requires a coordinated response to both diseases at all levels of the health system. Sanofi, along with University Research Co., LLC (URC) and the National Department of Health, will hold this forum to address integration of quality TB and diabetes services in South Africa.

12:00 - 14:00 ► ROOM MR 1.43-1.44 ► MEETING OPEN TO ALL DELEGATES

# FIGHTING TB AND DIABETES IN SOUTH AFRICA: TREATMENT ADHERENCE FOR THE MISSING MILLION

# COORDINATORS

Stacy Kancijanic, University Research Co. LLC (South Africa) Addressing tuberculosis and diabetes requires a coordinated response to both diseases at all levels of the health system. Sanofi, along with University Research Co., LLC (URC) and the National Department of Health, will hold this forum to address integration of quality TB and diabetes services in South Africa.

15:00 -17:30 ▶ ROOM MR 1.43-1. 44 ▶ MEETING OPEN TO ALL DELEGATES

# ROLE OF INFORMATION COMMUNICATION TECHNOLOGY TO REACH AND ENSURE TB TREATMENT ADHERENCE FOR THE MISSING MILLION

### COORDINATORS

Global Coalition Against TB (GCAT), India and Department of Science & Technology (DST), South Africa

CHAIRPERSON

Dalbir Singh (India)

The overall aim of this meeting will be to unite key stakeholders from the TB community in India and South Africa and to share their knowledge on the use of information technology to end TB by 2035. The meeting will be led by several speakers, including scientists, technical experts and policy-makers who focus on challenges facing TB control in India and South Africa.



My space, your space, and our space

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

All activities take place in Hall 4B, except where otherwise noted. IMBIZO will be open from Wednesday, 2 December through Sunday, 6 December. This area is open to both delegates and non-delegates. Please drop by any time!

FRID	<b>DAY, 4 DECEMBER</b> ► 08:00 - 18:00				
		FACILITATOR(S)	COORDINATOR(S)	ROOM	PAGE
)8:00-08:30	Photo exhibition.	Sonke Gender Justice			
09:00-10:00	Kick TB & HIV.				
10:30-12:00	Workshop B: Building dialogue to address stigma and reduce transmission.		Stacy Hilliard (UK), Meera Senthilingam (UK)	Hall 4B	118
12:30-13:30	Symposium C: NGO partnerships and novel strategies to end TB in prison.		Harry Hausler (South Africa), Stewart Reid (Zambia)	Hall 4B	118
13:30-14:00	Regulatory developments: Panel of activists will discuss implications of the replacement of the Medicines Control Council (MCC) with the South African Health Products Regulatory Authority (SAHPRA).	TAC and Treatment Action Group (TAG)		Hall 4B	
14:00-14:30	Briefing on the 3P (Push, Pull and Pool) project – a new approach to developing affordable, effective new TB drug regimens.	TAC and Medécins Sans Frontières (MSF)		Hall 4B	
14:30-15:30	Meet the Director of The Global Fund: Dr Mark Dybul will give an update on replenishment efforts and the critical role of the TB community in campaigning and advocacy in 2016.		Katy Kydd Wright, Global Fund Advocates Network (GFAN)	Hall 4B	
15:30-16:30	Symposium D: A rights-based approach the key to zero TB and HIV infections.		Allan Maleche (Kenya), Jennifer Dietrich (Switzerland)	Hall 4B	119
16:30-17:30	Mobilising African resources for TB, HIV/AIDS and malaria. Briefing on domestic resource mobilisation in support of the Global Fund in Africa and accessing data to support data-driven advocacy from the TB community. Focus will be on work of the Global Fund Secretariat and GFAN (Africa) in several African countries.		Linda Mafu, Global Fund, Emmanuel Etim, GFAN, Stop TB representative	Hall 4B	
17:30-18:00	Recap of conference highlights.	•••••	Jody Boffa	Hall 4B	•••••



# BUILDING DIALOGUE TO ADDRESS STIGMA AND REDUCE TRANSMISSION

#### TRACK

TB infection control

# TRACK2

TB other

#### ORGANISED BY

Taysha Consulting

#### DURATION

Full-day

#### MAX ATTENDEES

150

#### **MEETING TYPE**

Open meeting

#### COORDINATOR(S)

Stacy Hilliard (UK),

Meera Senthilingam (UK)

#### CHAIR(S)

Stacy Hilliard (UK),

Sue Goldstein (South Africa)

#### TARGET AUDIENCE

- 1. Campaigners, advocacy practitioners and communications practitioners
- 2. People working with TB patients, carers and families
- 3. People interested in reducing stigma and looking for new ways to improve perceptions

#### DESCRIPTION

This 90-minute session will incorporate attendee participation through discussion and hands-on application of new information. Presentations will include a case study demonstrating best practices in TB and other topics, such as reproductive health, and an overview of research on perceptions and attitudes towards TB. The session will be broken into three sections:1. Introduction 2. Case study 3. Practical

#### **OBJECTIVES**

Improved understanding of the current perceptions of TB with practical solutions to apply in communications and campaign planning.

#### EXPECTED OUTCOME

The workshop offers new practical tools that attendees can apply to their programming and planning, as well as, new ideas on how to discuss and talk about TB to reduce stigma in the community.

#### PRESENTATIONS

- 1. Introduction and presentation of research on the current perceptions of TB Meera Senthilingam (UK)
- 2. Case study: learning from the Soul City experience with maternal health Sue Goldstein (South Africa)
- 3. Communications practical session: how to create, build and improve dialogue to improve the image of TB Stacy Hilliard (UK)

SYMPOSIUM C ► FRIDAY, 04 DECEMBER ► 12:30 - 13:30 ► IMBIZO HALL 4B



# NGO PARTNERSHIPS AND NOVEL STRATEGIES TO END TB IN PRISONS

# TRACK

TB in vulnerable and special populations

#### TRACK2

TB diagnostics, including molecular methods

## COORDINATOR(S)

Harry Hausler (South Africa), Stewart Reid (Zambia)

# CHAIR(S)

Mabena Maria (South Africa), Jason Eligh (South Africa)

### TARGET AUDIENCE

- Policy-makers, programme managers, civil society, development agencies, clinicians
- 2. Epidemiologists, researchers, academicians

#### DESCRIPTION

In order to achieve the post-2015 vision of a world free of tuberculosis, TB control in key affected populations, including inmates in prisons and correctional facilities, must be achieved. Suboptimal infection control, screening and linkage to care, as well as overcrowding, contribute to high TB transmission in prisons. In addition, movement in and out of prisons further propagates TB transmission in communities. This session will explore

the contribution of non-governmental organisation (NGO) partnerships and novel strategies to end TB in prisons post-2015.

#### OBJECTIVES

- 1. To share lessons learnt in TB prevention, diagnosis and treatment in prisons
- 2. To explore the role of partnerships with nongovernmental organisations to end TB in prisons
- 3. To provide evidence of the effectiveness of novel strategies to control TB in prisons

- 12:30 12:40 TB screening in Zambian prisons: the 3 I's programme Stewart Reid (Zambia)
- 12:40 12:50 Increasing case detection and decreasing time to TB treatment in South African prisons Harry Hausler (South Africa)
- 12:50 13:00 Effectiveness of routine TB screening in central Tanzanian prisons using digital chest X-ray and GeneXpert Van Den Hombergh ()
- 13:00 13:10 TB case detection increased 50% in Dar es Salaam's prisons by using TB detection rats Christian Mulder (Netherlands)
- 13:10 13:20 Bringing technology to the prisons of low-income countries to end TB: the experience of Haiti

   Margareth Bury (Haiti)
- 13:20 13:30 Discussion



# A RIGHTS-BASED APPROACH THE KEY TO ZERO TB AND HIV INFECTIONS

#### TRACK

Civil society / patient & community engagement

#### COORDINATOR(S)

Allan Maleche (Kenya), Jenniffer Dietrich (Switzerland)

#### CHAIR(S)

Mark Heywood (South Africa)

### TARGET AUDIENCE

- People affected by HIV and TB, activists, national TB and HIV programme managers
- 2. Lung health specialists, clinicians, lawyers, epidemiologists, judicial officers
- 3. International consultants, laboratory scientists, microbiologists

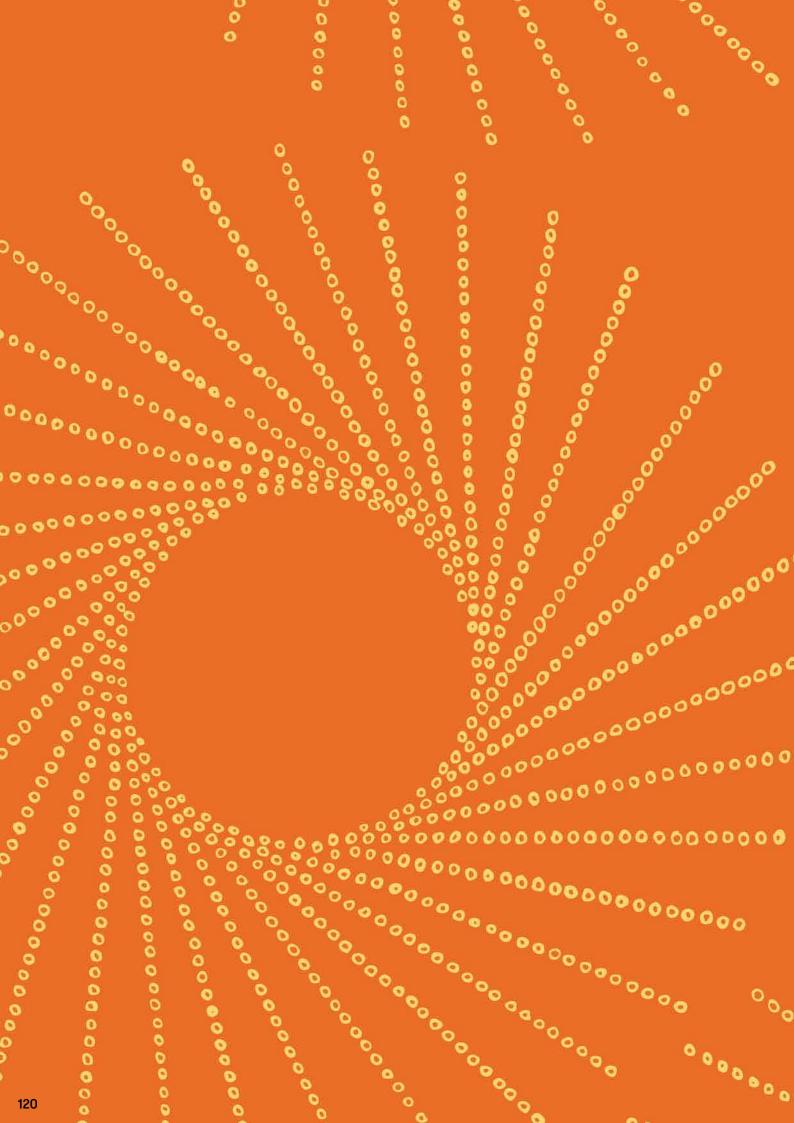
#### DESCRIPTION

TB is a disease that is perpetuated by inequality. It affects key vulnerable populations (women, prisoners, children, migrants, mobile populations, people with disabilities, including mental health issues, and people who use drugs). Most of these people have minimal access to basic services and human-rights literacy programmes. The use of a rights-based approach to managing TB requires the involvement of the community to ensure sustainability of any interventions. Strategies on how to replicate these community-driven responses and strengthen the involvement of the community will be discussed.

#### **OBJECTIVES**

- 1. Demonstrate link between HIV, TB and the need to utilise a rights-based approach and promote patients rights
- 2. Share success from countries that have used a rights-based approach to address TB violations

- 15:30 15:40 Welcome from the chair and opening remarks Mark Heywood (South Africa)
- 15:40 15:50 Using the rights-based approach to develop community-driven solutions for patients who discontinued their treatment Allan Maleche (Kenya)
- 15:50 16:00 Working with communities in a rural setting in the Eastern Cape, using a rights-based approach John Stephens (South Africa)
- 16:00 16:10 Reforming the century-old compensation system for occupational lung disease in the South African mining sector Ryan Boyko (USA)
- 16:10 16:20 Ending suffering and discrimination in HIV and TB? Colleen Daniels (USA)
- 16:20 16:30 Discussion





# SATURDAY, 5 DECEMBER

# PLENARY SESSION II



**CHAIR: Aaron Oxley (UK)** 

# DRUG RESISTANCE AND THE CONTRIBUTION OF ZOONOTIC TB

**SPEAKER: Paul van Helden** (South Africa)



Paul van Helden (South Africa) is Director of Stellenbosch University's Medical Research Centre.

Prof van Helden decided to focus his research on TB in 1989 and became acting director of Stellenbosch University's Medical Research Centre the following year. He was appointed director in 1992 and has overseen its growth from one to 110 PhD students working on TB. Widely known as both a researcher and mentor, with Prof van Helden's leadership, the

MRC is today a world-class research centre focused on TB and has helped make Stellenbosch University one of the top 20 institutions in TB research worldwide.

# UBUNTU AND RESEARCH INVOLVING COMMUNITIES WITH A HIGH BURDEN OF TB

SPEAKER: Nicholas Bhengu (South Africa)



**Rev Nicholas Busani Bhengu** (South Africa) is a native of KwaZulu-Natal province and today presides over the Uniting Presbyterian Church in the Caluza community of Pietermaritzburg.

Rev Bhengu is also a member of a community research advisory team for a project on the uptake and effectiveness of isoniazid preventive therapy in a region of high TB-HIV coinfection. Through this work, he hopes to increase the interaction between researchers and communities, enabling

community members to learn from and about research and helping researchers to understand the experience of the everyday citizen.

# DEFEATING XDR-TB, DISABILITY AND STIGMA: AN ORDINARY CALL FOR EXTRAORDINARY MEASURES

SPEAKER: Phumeza Tisile (South Africa)



Phumeza Tisile (South Africa) is an XDR-TB survivor and activist.

Tisile was diagnosed with XDR-TB in 2011, after already having undergone TB and MDR-TB treatment. The side effects left her deaf, but she completed her treatment in August 2013 and since recovered her hearing through cochlear implant surgery. Tisile has become a fierce advocate for better diagnosis and shorter TB treatment with fewer side effects.

She presented the first Drug-Resistant TB Manifesto at the 67<sup>th</sup> World Health Assembly in Switzerland and has spoken at numerous events, including the 2013 Union World Conference. In 2014, she was named one of the *Mail & Guardian*'s "200 Young South Africans".

# AWARD PRESENTATION ► 09:00-10:00 ► AUDITORIUM I

- ▶ THE UNION SCIENTIFIC PRIZE
- ► THE UNION YOUNG INVESTIGATOR PRIZE

**The Union Scientific Prize** acknowledges researchers at any stage of their career for work on tuberculosis or lung health published in the past five years.

**The Union Young Investigator Prize** acknowledges a researcher for work in lung health published in the past five years, when age 35 years or younger.

# **GENERAL ASSEMBLY 2015**



# 17:15-18-15 ► AUDITORIUM II

All members are encouraged to participate and cast their votes to help shape The Union's future!

The General Assembly is the annual meeting of all Union members to review the past year and plans for the coming one, elect new members and officers of the Board of Directors and conduct other business.

Newly appointed **Honorary Members** are also announced. The title of Honorary Member of The Union is granted to a person who has become distinguished through active participation in The Union's activities and the fulfillment of its goals. These members serve as informal advisors to The Union.

Finally the winners of the annual  ${f Christmas}$   ${f Seals}$   ${f Contest}$  are awarded their certificates.



2014 1st prize winner: Comité Nacional de la Lucha Contra la Tuberculosis (Mexico)

# CHRISTMAS SEALS EXHIBIT AND CONTEST

The Christmas Seals tradition dates back to 1904, when a Danish postman named Einar Holboell developed the idea of adding an additional charitable stamp onto seasonal letters as a way to raise funds to fight tuberculosis. The tradition was quickly adopted by other countries and continues today. Lung health associations have since raised millions of dollars in funds by selling these Christmas or TB seals.

The Union holds its annual Christmas
Seals Exhibit and Contest during the World
Conference every year in recognition
of this colourful tradition. Constituent and
organisational members are invited to submit
their Christmas Seals for exhibition at
the conference.

Visit the Christmas Seals exhibit in the gallery walkway on level 1.

Union members vote for their favourite seals during the General Assembly, which will be held:

SATURDAY, 5 DECEMBER 17:15-18:15 in Auditorium 2.



2014 2<sup>nd</sup> prize winner: Korean National Tuberculosis Association (Republic of Korea)



2014 3<sup>rd</sup> prize winner: Japan Anti-Tuberculosis Association (Japan)

# MEET THE EXPERT SESSIONS

At these sessions, experts will meet with small groups of participants to discuss, face to face, the challenges and opportunities presented by working to promote lung health.

These sessions are free of charge for registered participants only.

The number of persons attending each session should not exceed 50. Registration for the 'Meet the expert' sessions is available on site, at the conference registration desk.

Participation will be on a first-come, first-served basis.

08:00 - 08:50 ► ROOM MR 2.41-2.43



# 01. THE USE OF OUR FIRST LINE DRUGS IN CHILDREN

Peter Donald (South Africa)

What do we know about our four first line drugs isoniazid, rifampicin, pyrazinamide and ethambutol and their use in children? Some basic data will be presented followed by as much interactive discussion as time allows.

08:00 - 08:50 ► ROOM R 2.44-2.46



#### 02. FROM THE RECENT LITERATURE ON HIV

02.1 SYSTEMATIC REVIEW AND META-ANALYSIS OF POST-MORTEM STUDIES OF HIV-RELATED DEATHS IN RESOURCE-LIMITED SETTINGS: PREVALENCE OF TB, DISSEMINATED TB AND RENAL TB AND FREQUENCY OF MISSED PRE-MORTEM TB DIAGNOSIS

Stephen Lawn (UK)

02.2 THE FINDINGS OF THE RECENTLY PUBLISHED SMART STUDY

Robin Wood (South Africa)

The findings from two important articles in the field of HIV, published in August 2015, will both be presented and discussed by one of the papers' co-authors in this session. They will cover the implications of the data regarding 1) scale-up of antiretroviral therapy in resource-limited settings and 2) diagnostic screening for HIV-associated TB.

Prof Robin Wood, University of Cape Town "Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection [The START Trial]. N Engl J Med. 2015 Aug 27;373(9):795-807.

Prof Stephen D Lawn, London School of Hygiene & Tropical Medicine Prevalence of Tuberculosis in Post-Mortem Studies of HIV-infected adults and children in resource-limited settings: a systematic review and meta-analysis. AIDS. 2015

08:00 - 08:50 ► ROOM MR 2.61-2.63



# 03. VACCINE DEVELOPMENT

Mark Hatherill (South Africa)

A new vaccine that protects against all forms of TB in infants, children and adults, including HIV-infected persons, is desperately needed. More than a dozen candidate vaccines are in clinical trials, but development is hampered by imperfect animal models and lack of an immunologic correlate of vaccine-induced protection. Experimental medicine studies in humans to test unconventional concepts, e.g., protection of infection, may hold the key to advancement into large-scale efficacy trials.

08:00 - 08:50 ► ROOM MR 2.64-2.66



# 04. TOBACCO INDUSTRY INTERFERENCE WITH TOBACCO CONTROL

Lekhan Ayo-Yusuf (South Africa)

The WHO Framework Convention on Tobacco Control (FCTC) Article 5.3 is one of the cross-cutting provisions of this public health treaty that expects parties to implement measures to prevent tobacco industry interference at all branches of government, in order to protect public health policy development and implementation. This session would present a summary of findings from the evaluation of 10 African countries legislation/policy adoption efforts and explores the role of tobacco industry interference (TII) and how advocates countered these interferences in order to get policy adoption. Finally, the session will present potential instruments for surveillance of TII and compares findings from an effort to pilot its use in Uganda with findings from South East Asia, where the same instrument was first used.

08:00 - 08:50 ► DA GAMA/DIAZ - WESTIN



# **05. NURSE-INITIATED MDR-TB TREATMENT**

Khaya Mlandu (South Africa)

This session will review the training, implementation and impact of nurse-initiation of MDR-TB treatment through a primary-healthcare-based approach. The session will review the training methodology along with the measures of performance for the training. Preliminary data on a physician-nurse task-sharing cohort will be reviewed.

		TRACK(S)	COORDINATOR(S)	ROOM	PAG
27.	Building on emerging knowledge to develop novel regimens for paediatric drug-resistant TB	TB in children	Anneke Hesseling (South Africa), Hendrik Simon Schaaf (South Africa)	Ballroom West- CTICC	13
28.	. End TB, end MDR-TB	Advancing the End TB strategy and other policy issues	Agnes Gebhard (Netherlands), Fraser Douglas Wares (France)	MR 2.41-2.43	13
29.	Pneumonia in children and adults beyond 2015	Pneumonia in children	Stephen M Graham (Australia)	2.44-2.46	13
30.	Eliminating the burden of TB in indigenous populations	TB in vulnerable and special populations	Anne Fanning (Canada), Wendy Lee Wobeser (Canada)	MR 2.61-2.63	13
31.	High burden, neglected patients: addressing the intersection of tuberculosis and mental disorders	TB and diabetes/ TB and other non-HIV comorbidities	Adam Karpati (USA)	MR 2.64-2.66	13
32.	. Does MPOWER empower women?	Tobacco control	Renu Sharma (India), Valerie Warner (UK)	Ballroom East- Westin	13
33.	Modelling to support TB control policy in the era of the End TB Strategy	Advancing the End TB strategy and other policy issues	Richard White (UK), Martien Borgdorff (Kenya)	Ballroom West- Westin	13
	<b>SYMPOSIA</b> ► 13:30 - 15:00				
34.	. MDR-TB: a complex disease requiring a comprehensive health system response	Drug-resistant TB care and treatment, including trials	Marian Loveday (South Africa), Amy Israel (Switzerland)	Ballroom East- CTICC	13
34.	. TB-MR : une maladie complexe qui nécessite une réponse complète des systèmes de santé	Soins et traitement de la TB pharmaco- résistante, y compris les essais cliniques, Co-infection VIH et TB	Marian Loveday (Afrique du Sud), Amy Israel (Suisse)	Ballroom East- CTICC	13
35.	Controversies and critical issues in clinical trial design for TB	Drug-resistant TB care and treatment, including trials	E Jane Carter (USA), Neil Schluger (USA)	Auditorium II	13
86.	Innovations to improve the TB/HIV patient experience: from diagnosis to treatment	HIV and TB co-infection	Sara Massaut (Netherlands), Amy Piatek (USA)	Ballroom West- CTICC	13
33.	Zoonotic TB session II: what do humans, baboons and livestock have in common?	Zoonotic TB	Adrian Muwonge (Uganda), Francisco Olea-Popelka (USA)	MR 1.41-1.42	13
37.	Inhaled therapies for tuberculosis	Drug-sensitive TB care and treatment, including trials	Mercedes Gonzalez- Juarrero (USA), Amit Misra (India)	MR 2.41-2.43	13
88.	Affordable solutions to indoor air pollution for one- third of the world's population	Civil society / patient & community engagement	Khurshid-E-Khoda Talukder (Bangladesh)	MR 2.61-2.63	13
39.	Taking stock of TB epidemiological assessments: experience, lessons learnt and the way forward	TB epidemiology	Charalambos Sismanidis (Switzerland)	MR 2.64-2.66	13
١0.	Reinforcing research for TB elimination at the country level: experiences from	Advancing the End TB strategy and other policy	Christian Lienhardt (Switzerland),	Ballroom West- Westin	13

<sup>🞧</sup> Simultaneous English/French/English translation is provided for these sessions - Une traduction simultanée anglais/français/anglais est assurée pour ces séances.

		TRACK(S)	COORDINATOR(S)	ROOM	PAGE
<b>4</b> 1	. The Union/CDC Late-breaker Session on TB			Auditorium I	138
41	Séance de «dernière minute» de L'Union/CDC			Auditorium I	138
42	. TB research and communities: ethical and practical considerations	Civil society / patient & community engagement	Richard O'Brien (USA)	Ballroom East- CTICC	139
<b>)</b> 42.	Recherche sur la TB et communautés : considérations éthiques et pratiques	Implication de la société civile/des patients et de la communauté	Richard O'Brien (États-Unis)	Ballroom East- CTICC	139
43	Country experiences: enablers for community- based multi-drug resistant tuberculosis management programmes	Drug-resistant TB care and treatment, including trials	Xiaolin Wei (Hong Kong)	Roof Terrace	140
44	Achieving quality Xpert MTB/RIF use for rapid case detection	TB laboratory services: organisation and quality assurance	Alaine Umubyeyi Nyaruhirira (South Africa), Kathleen England (Netherlands)	Auditorium II	140
45	Finding better treatments sooner: innovations in clinical trials for new regimens beyond 2015	Drug-sensitive TB care and treatment, including trials	Patrick Phillips (UK)	Ballroom West- CTICC	141
46	<ul> <li>Strengthening community systems: building the evidence for impact</li> </ul>	Civil society / patient & community engagement	Colleen Daniels (USA)	MR 2.41-2.43	141
47	7. Getting patients treated for latent TB infection (LTBI) as TB prevention	Latent TB infection (LTBI)	Sarita Shah (USA), Christine Ho (USA)	MR 2.44-2.46	142
48	Beyond accelerated drug development: building successful partnerships and platforms as a critical path to TB drug regimens and PreDiCT-TB	TB other	Marco Schito (USA)	MR 2.61-2.63	142
49	Sanatoria: back to the future?	TB in vulnerable and special populations	Alistair Story (UK), Rob van Hest (Netherlands)	MR 2.64-2.66	143
50	. Smokeless tobacco: a silent killer	Tobacco control	Kamran Siddiqi (UK), Rumana Huque (Bangladesh)	Ballroom East- Westin	143
51	e/m-Health as a transformational tool in TB control in high-burden countries	Drug-sensitive TB care and treatment, including trials	Puneet Dewan (India), Neeraj Kak (USA)	Ballroom West- Westin	144
52	Developing a rights-based approach to prevention and treatment of tuberculosis	Advancing the End TB strategy and other policy issues	Brian Citro (USA), Farihah Malik (Switzerland)	Da Gama/Diaz- Westin	144

ORAL ABSTRACT SESSIONS ► 1	0:30 - 12:00			
	TRACK(S)	CHAIR(S)	ROOM	PAG
11. Improving TB treatment outcomes	Drug-sensitive TB care and treatment, including trials	Graeme Meintjes (South Africa), Timothy Sterling (USA)	Auditorium I	14
11. Amélioration des résultats des traitements antituberculeux	Soins et traitement de la TB sensible aux médicaments, y compris les essais	Graeme Meintjes (Afrique du Sud) Timothy Sterling (Etats-Unis)	Auditorium 1	14
12. MDR-TB: impacts of detection and early treatment	Drug-resistant TB care and treatment, including trials	Enos Masini (Kenya) James Cowan (USA)	Ballroom East-CTICC	14
12. TB-MDR: impacts de la détection et du traitement précoce	Soins et traitement de la TB résistante aux médicaments, y compris les essais	Enos Masini (Kenya) James Cowan (États-Unis)	Ballroom East-CTICC	146
13. Latent TB infection in high and low burden settings	Latent TB infection (LTBI)	Robert Makombe (South Africa), Jonathan Golub (USA)	Roof Terrace	147
14. From specimens to outcome: new information for molecular diagnosis	TB diagnostics, including molecular methods	Joseph Nikisi (Zambia), Kenneth Castro (USA)	Auditorium II	147
15. When waves trump paper: the triumph of e-technology	Advancing the End TB strategy and other policy issues	Si Thu Aung (Myanmar), Farai Mavhunga (Namibia)	Da Gama/ Diaz - Westin	148
ORAL ABSTRACT SESSIONS > 1	3:30 - 15:00			
16. From bench to treatment	Drug-sensitive TB care and treatment, including trials	Helen McIlleron (South Africa), Digby Warner (South Africa)	Auditorium I	148
16. Des essais au traitement	Soins et traitement de la TB sensible aux médicaments, y compris les essais	Helen McIlleron (Afrique du Sud), Digby Warner (Afrique du Sud)	Auditorium 1	149
17. TB & NCD co-morbidity	TB and diabetes/TB and other non-HIV comorbidities	Matthew Coghlan (Singapore), Helen Ayles (Zambia)	Roof Terrace	149
18. TB in children: diagnosis prevention and best practice	TB in children	Andrea Cruz (USA), Anneke Hesseling (South Africa)	MR 2.42-2.46	150
19. Tobacco: economics and illicit trade	Tobacco control	Elif Dagli (Turkey), Jean Tesche (Bosnia and Herzegovina)	Ballroom East-Westin	150
20. IAP, pneumonia, asthma and chronic lung disease	COPD, asthma and other lung health	Asma El Sony (Sudan), Charles Feldman (South Africa)	Da Gama/ Diaz - Westin	151
E-POSTER SESSIONS ► 12:30 -	13:30			
	TRACK(S)	CHAIR(S)	ROOM	PAG
06. Preventing infection and transmission of TB in health facilities and the community	TB infection control	Max Meis (Netherlands)	Poster Area Hall 3	152
07. The rainbow session: treatment vaccination, surveillance or tuberculosis and everything in between	TB outbreaks and contact investigation	Sebastian Gelderbloem (South Africa)	Poster Area Hall 3	152
08. High-definition insights into drug resistant tuberculosis	Drug resistance determination - molecular and phenotypic	Shu-Hua Wang (USA)	Poster Area Hall 3	153
09. Behind bars: TB in correctional settings - II	TB in vulnerable and special populations	Zohar Mor (Israel)	Poster Area Hall 3	153
10. The neglected cousins: trends and treatment of non-tuberculous mycobacteria	TB diagnostics, including molecular methods	Silvia Kelbert (Angola)	Poster Area Hall 3	154

POSTER DISCUSSION SESSIONS	► 12:30 - 13:30			
	TRACK(S)	CHAIR(S)	ROOM	PAGE
26. TART: TB risk and impact of ART	Drug-sensitive TB care and treatment, including trials	Annelies van Rie (USA)	Poster Area Hall 3	155
27. Drug resistant TB: outcomes	Drug-resistant TB care and treatment, including trials	Faiz Ahmad Khan (Canada)	Poster Area Hall 3	155
28. Drug resistant TB: epidemiology and transmission	Drug-resistant TB care and treatment, including trials	Charlotte Colvin (USA)	Poster Area Hall 3	156
29. LTBI-testing, perceptions and epidemiology	Latent TB infection (LTBI)	Keertan Dheda (South Africa)	Poster Area Hall 3	156
30. Collaborative services for TB & Diabetes	TB and diabetes/TB and other non-HIV comorbidities	Samson Haumba (Swaziland)	Poster Area Hall 3	157
31. Spatial epidemiology of tuberculosis	TB epidemiology	Mirjam Bakker (Netherlands)	Poster Area Hall 3	157
32. The game of numbers: prevalence and incidence of tuberculosis	TB epidemiology	Ellen MH Mitchell (Netherlands)	Poster Area Hall 3	158
33. Molecules, polymorphisms and resistance to TB	TB epidemiology	Susan Dorman (USA)	Poster Area Hall 3	158
34. Thinking broadly to advance the END TB Strategy	Advancing the End TB strategy and other policy issues	Chibuike Amaechi (Nigeria)	Poster Area Hall 3	159
35. Financial impact of TB	Advancing the End TB strategy and other policy issues	Susan van den Hof (Netherlands)	Poster Area Hall 3	159
36. Molecular diagnostics: pitfalls and improvements	TB diagnostics, including molecular methods	Phoebe Nzombe (Zimbabwe)	Poster Area Hall 3	160
37. Rapid diagnosis the world over	TB diagnostics, including molecular methods	Leslie Enane (USA)	Poster Area Hall 3	160
38. Phenotypes and genotypes: deciphering resistance development	Drug resistance determination - molecular and phenotypic	Timothy Rodwell (USA)	Poster Area Hall 3	161
39. Tuberculosis drug resistence and susceptibility testing in a nutshell!	Drug resistance determination - molecular and phenotypic	Amy Piatek (USA)	Poster Area Hall 3	161
40. From safety to supply-chain: let's talk lab management	TB laboratory services: organisation and quality assurance	Thomas Shinnick (USA)	Poster Area Hall 3	162
41. Stepping up patient access and support	Patient-centred care	Carrie Tudor (South Africa)	Poster Area Hall 3	162
42. Inside the belly of the beast: TB in correctional settings	TB in vulnerable and special populations	Harry Hausler (South Africa)	Poster Area Hall 3	163
43. The urban-rural divide: different places, similar issues	TB in vulnerable and special populations	Andrew Codlin (Switzerland)	Poster Area Hall 3	163
५५. Paediatric TB: MDR	TB in children	Simon Schaaf (South Africa)	Poster Area Hall 3	164
45. Paediatric TB: training, BCG and PK	TB in children	James Seddon (UK)	Poster Area Hall 3	164
46. Harmful effects of second hand smoke	Tobacco control	Pranay Lal (India)	Poster Area Hall 3	165
47. Monitoring the tobacco industry's promotion and advertisement	Tobacco control	Fouad Aslam (Pakistan)	Poster Area Hall 3	165
48. Enforcement of smoke free legislation	Tobacco control	Tara Singh Bam (Singapore)	Poster Area Hall 3	166
49. Strategies to improve TB/HIV screening and service integration	HIV and TB co-infection	Virginia Azevedo (South Africa)	Poster Area Hall 3	166



# BUILDING ON EMERGING KNOWLEDGE TO DEVELOP NOVEL REGIMENS FOR PAEDIATRIC DRUG-RESISTANT TB

#### TRACK

TB in children

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Anneke Hesseling (South Africa), Hendrik Simon Schaaf (South Africa)

#### CHAIR(S)

James Seddon (UK), Cherise Scott (USA)

#### TARGET AUDIENCE

- 1. National TB programme personnel, clinicians
- 2. Paediatric care providers
- 3. Nongovernmental organisations, funders, pharma

#### DESCRIPTION

This symposium aims to address practical and scientific aspects of the management of drug-resistant TB (DR-TB) in children, including novel approaches to prevention and treatment. Data will be presented from an evidence synthesis of current treatment modalities and outcomes, presenting cohorts from geographically diverse settings. Emerging data will be presented on the pharmacokinetics (PK) and safety of key second-line TB drugs in children. Early experiences with using novel drugs for MDR-TB in compassionate use programmes will be presented. An overview of planned and ongoing research will be given.

#### **OBJECTIVES**

- 1. Share planned and ongoing research strategies for paediatric MDR-TB
- 2. Disseminate best practices for the use of second-line drugs in children
- 3. Build on knowledge of existing cohorts to optimise treatment for paediatric MDR-TB
- 4. Share early experiences with the use of novel TB drugs for MDR-TB in children

#### PRESENTATIONS

- 10:30 10:45 Update on planned and ongoing trials on MDR-TB prevention and treatment in children Anneke Hesseling (South Africa)
- 10:50 11:05 Global treatment outcomes in children with paediatric MDR-TB: systematic review and metaanalysis – Elizabeth Harausz (USA)
- 11:10 11:25 Emerging data on PK and safety of levofloxacin and amikacin informs care and design of new regimens Anthony Garcia-Prats (South Africa), Hendrik Simon Schaaf (South Africa)
- 11:30 11:45 Compassionate use of bedaquiline and delamanid in children with MDR-and XDR-TB early experiences and challenges Marina Tadolini (Italy)
- 11:50 12:00 Discussion

**SYMPOSIUM 28** ► 10:30 - 12:00 ► ROOM MR 2.41-2.43



# **END TB, END MDR-TB**

#### TRACK

Advancing the End TB strategy and other policy issues

#### TRACK2

Drug-resistant TB care and treatment, including trials

# COORDINATOR(S)

Agnes Gebhard (Netherlands), Fraser Douglas Wares (France)

# CHAIR(S)

Kitty Van Weezenbeek (Netherlands), Maxim Berdnikov (Switzerland)

# TARGET AUDIENCE

- Staff of national TB and HIV programmes, physicians, allied health professionals
- Civil society organisations, policy-makers, epidemiologists
- Agencies providing technical support, funding partners

#### DESCRIPTION

When pledging to end TB in 2050, the world took on to plan and finance the elimination of TB. Governments, civil society and donors must look beyond routine programming to country-specific optimisation of the use of existing tools and define innovations to reach the global goal. Diagnosis and treatment of MDR-TB in particular draws heavily on the available technical, human and financial resources. This symposium demonstrates how countries can carve their different paths towards elimination, meeting the epidemiological, organisational and financial challenges so that our children will know a world without TB.

# OBJECTIVES

- 1. Exchange methods and tools for planning towards elimination of TB and MDR-TB
- 2. Share strategies for optimal use of old and new tools for diagnosis and treatment of TB and MDR-TB
- 3. Disseminate strategies to save and mobilise funding for a sustainable TB elimination effort

- 10:30 10:40 Strategising TB elimination in Vietnam: policies, planning and finance Nguyen Viet Nhung (Viet Nam)
- $10:45-10:55 \quad \text{Prioritisation: mapping the hotspots-fighting TB in urban settings} \text{Rosa Orejel (Mexico)}$
- 11:00 11:10 Making the case: TIME and One Health modelling the epidemic and the impact of interventions Marek Lalli (UK)
- 11:15 11:25 Domestic funding leveraging Global Fund investments and vice versa Gulnoz Uzakova (Uzbekistan)
- 11:30 11:40 Bucks for drugs, drugs for bugs: making savings on drug procurement Andre Zagorski (USA)
- 11:45 12:00 Discussion



# PNEUMONIA IN CHILDREN AND ADULTS BEYOND 2015

#### TRACK

Pneumonia in children

#### COORDINATOR(S)

Stephen M Graham (Australia)

#### CHAIR(S

Stephen M Graham (Australia)

#### TARGET AUDIENCE

- Adult and paediatric respiratory physicians and nurses
- National TB/HIV/ARI programme staff
- 3. Advocates

#### DESCRIPTION

Pneumonia is a major cause of death among all age groups globally, especially among infants, old people and people living with HIV. The epidemiology, including the aetiological spectrum and mortality, varies between regions with the highest burden in low- and middle-income countries. In recent decades, substantial progress in pneumonia control has been due to a variety of interventions, including improved case management, vaccines and HIV control, and this has contributed to progress towards meeting global MDGs by 2015. However, many challenges and uncertainties remain, which will be the focus of this symposium.

#### **OBJECTIVES**

- 1. To highlight ongoing challenges for the prevention and management of pneumonia in children and adults
- 2. To provide an update on progress in child and adult pneumonia
- 3. To develop priorities for future interventions beyond 2015

#### PRESENTATIONS

- 10:30 10:40 Pneumonia is not a pathogen: the challenge of aetiological diagnosis and co-infection To be confirmed
- 10:45 10:55 Pneumonia in adults in resource-limited settings: an update Charles Feldman (South Africa)
- 11:00 11:10 The role of chest x-rays (CXR) in pneumonia management Robert Gie (South Africa)
- 11:15 11:25 Indoor air pollution: risks and interventions for clean air beyond 2015 Stephen Gordon (UK)
- 11:30 11:40 HIV-related pneumonia: towards elimination beyond 2015 Matthew Kelly (USA)
- 11:45 12:00 Discussion

**SYMPOSIUM 30** ► 10:30 - 12:00 ► ROOM MR 2.61-2.63



# **ELIMINATING THE BURDEN OF TB IN INDIGENOUS POPULATIONS**

### TRACK

TB in vulnerable and special populations

# COORDINATOR(S)

Anne Fanning (Canada), Wendy Lee Wobeser (Canada)

# CHAIR(S)

Wendy Lee Wobeser (Canada), Mirtha Del Granado (USA)

# TARGET AUDIENCE

- 1. TB controllers
- 2 Indigenous persons, community supporters
- 3. Nurses, doctors

#### DESCRIPTION

To eliminate TB by 2050, nations must focus on their vulnerable peoples, among which are indigenous populations, approximately 370 million people globally. These populations are defined by their connection to the land and their lack of power. This session will consider ways to identify and engage these hard to reach indigenous communities in the elimation of TB.

# OBJECTIVES

- $1. \ \ \text{To increase knowledge of indigenous people's health and burden of disease}$
- 2. To engage indigenous communities
- 3. To assess best practice in indigenous communities

- 10:30 10:40 TB care "reaches" the nomads of Nigeria Stephen John (Nigeria)
- 10:45 10:55 Latin America region disaggregates TB data on indigenous populations: progress in Mexico and Colombia Mirtha Del Granado (USA)
- 11:00 11:10 Explaining trends in TB rates in North American indigenous populations Kianoush Dehghani (Canada)
- 11:15 11:25 A systematic review of social determinants for TB in indigenous communities Maxime Cormier (Canada)
- 11:30 11:40 TB forecasting among indigenous populations in 2030: disparity and equity factors Gada Kadoda (Sudan)
- 11:45 12:00 Discussion



# HIGH BURDEN, NEGLECTED PATIENTS: ADDRESSING THE INTERSECTION OF TUBERCULOSIS AND MENTAL DISORDERS

#### TRACK

TB and diabetes/TB and other non-HIV comorbidities

#### TRACK2

TB in vulnerable and special populations

#### COORDINATOR(S)

Adam Karpati (USA)

#### CHAIR(S)

Knut Lonnroth (Switzerland)

#### TARGET AUDIENCE

- 1. TB programme implementers
- Government policy-makers and advocates concerned with improving TB control efforts
- 3. Researchers studying effective strategies to manage TB and its comorbidities

#### DESCRIPTION

Mental illnesses such as depression and post-traumatic stress disorder (PTSD), and substance use disorders such as alcohol and opioid dependence, are strongly associated with TB. Affected populations are often at higher risk for TB infection and these disorders undermine TB care and often result in poor outcomes. Despite this fact, attention to mental disorders is often overlooked in TB programmes. This symposium will highlight the burden of mental disorders comorbid with TB, present evidence of successful interventions and serve as a call to action to integrate attention to these disorders into TB programmes.

#### OBJECTIVES

- 1. To provide an overview of the epidemiology of mental disorders associated with tuberculosis
- 2. To provide evidence of successful interventions to address these comorbidities
- 3. To highlight research gaps in developing best practices
- 4. To highlight programmatic gaps in integrating attention to mental disorders into TB programmes

#### PRESENTATIONS

- 10:30 10:40 Understanding and addressing the link between depression and TB treatment Aneeta Pasha (Pakistan)
- 10:45 10:55 Depression and other mental illnesses: silent drivers of the TB epidemic Annika Sweetland (USA)
- 11:00 11:10 Sustainability of motivational counseling: Integrated Management of Physician-delivered Alcohol Care for TB patients (IMPACT) trial, Tomsk, Russia – Viktoriya Livchits (Russian Federation)
- 11:15 11:25 Identification and management of alcohol use disorders in TB and HIV patients Trini Mathew (USA)
- 11:30 11:40 Complex co-morbidities and chaotic lives: TB control on the street Alistair Story (UK)
- 11:45 12:00 Discussion

SYMPOSIUM 32 ► 10:30 - 12:00 ► BALLROOM EAST - WESTIN



#### **DOES MPOWER EMPOWER WOMEN?**

#### TRACK

Tobacco control

### COORDINATOR(S)

Renu Sharma (India), Valerie Warner (UK)

#### CHAIR(S)

Sandra Mullin (USA), Jamhoih Tonsing (India)

# TARGET AUDIENCE

- 1. Tobacco control advocates
- 2. Policy-makers
- 3. Public health professionals

#### DESCRIPTION

In January 2013, The Lancet published information about the long-term impact of smoking on 1.3 million women in the United Kingdom. The report found that the tobacco toll in terms of years of life lost is devastating and the benefits of early cessation are substantial. Similar studies from the US, Australia and Western Europe reflect these findings and suggest that proven tobacco control policies and strategies do not adequately target current and future generations of women and fail to protect them from the harms of tobacco use. This symposium will analyse how MPOWER and domestic policies fall short of protecting women and present case studies from across world.

#### OBJECTIVES

- 1. To understand global trends in tobacco prevalence particularly among women
- 2. To evaluate the limitations of tobacco control policies and strategies in protecting women
- 3. To explore and share effective strategies to protect women from the harms of tobacco use

- 10:30 10:40 Why women should be targeted for tobacco control Mira Aghi (India)
- 10:45 10:55 What gender-specific research is needed to inform and evaluate the elements of MPOWER? Amanda Amos (UK)
- 11:00 11:10 Trends in global tobacco prevalence and use among women Jamhoih Tonsing (India)
- 11:15 11:25 MPOWER: Does it really empower African women? A case study from Kenya Joel Gitali (Kenya)
- 11:30 11:40 Will mass media strategies aimed at women reduce overall tobacco use? Sandra Mullin (USA)
- 11:45 12:00 Discussion



# MODELLING TO SUPPORT TB CONTROL POLICY IN THE ERA OF THE END TB STRATEGY

#### TRACK

Advancing the End TB strategy and other policy issues

#### TRACK2

TB epidemiology

### COORDINATOR(S)

Richard White (UK), Martien Borgdorff (Kenya)

#### CHAIR(S)

E Jane Carter (USA)

#### TARGET AUDIENCE

- Global health policymakers, government health programme and health policy staff
- 2. Academic researchers, non-governmental organisations
- 3. Mathematical modellers, epidemiologists

#### DESCRIPTION

Now that the post-2015 End TB Strategy targets are set at the global level, there is an urgent need to support country-level policy-makers and the National Tuberculosis Programmes to assess how to reach these targets. Mathematical modelling is a critical tool for exploring the health impacts, cost-effectiveness and resource implications of future TB control options. In this session we present new results on two key initiatives addressing this need, supported by the TB Modelling and Analysis Consortium.

#### OBJECTIVES

- 1. Describe modelling to support TB control policy in the era of the End TB Strategy
- 2. Discuss TIME, a new publically available TB model to support country-level TB control policy
- 3. Analyse experience using models to support TB control policies in Vietnam
- Examine the cost-effectiveness and resource implications of reaching the post-2015 targets in three different countries
- 5. Discuss experience using models to support TB control policies in South Africa

#### **PRESENTATIONS**

- 10:30 10:40
   10:40 11:00
   Modelling to support TB control policy in the era of the End TB Strategy Richard White (UK)
   10:40 11:00
   TIME TB Model: a new publicly available TB model to support country-level TB control policy Rein Houben (UK)
- 11:00 11:20 Experience using models to support TB control policies in Vietnam Hoang Thi Thanh Thuy (Viet Nam)
- 11:20 11:40 Modelling to explore the cost-effectiveness and resource implications of reaching the post-2015 targets – Nick Menzies (USA)
- 11:40 12:00 Experience using models to support TB control policies in South Africa Yogapragasen Pillay (South Africa)

# 



# MDR-TB: A COMPLEX DISEASE REQUIRING A COMPREHENSIVE HEALTH SYSTEM RESPONSE

### TRACK

Drug-resistant TB care and treatment, including trials

# TRACK2

HIV and TB co-infection

# COORDINATOR(S)

Marian Loveday (South Africa), Amy Israel (Switzerland)

# CHAIR(S)

Sarita Shah (USA)

### TARGET AUDIENCE

- TB programme managers, policy-makers
- 2. Healthcare professionals, advocates
- 3. Researchers, donors

#### DESCRIPTION

Inadequate health services have contributed to the failure to contain TB and the development of drugresistant strains. The WHO strategy on people-centred and integrated health services identifies four core priorities for health systems: empowering people, strengthening engagement and accountability, coordinating services and setting and implementing system priorities. Engaging researchers, donors, practitioners and civil society, this participatory session will discuss contextualised experiences and solutions for each of the four priorities.

# OBJECTIVES

- 1. To share patient experiences of MDR-TB services
- 3. To contextualise the four health systems priorities providing examples of solutions
- 4. To discuss how health system strengthening improves TB services and visa versa

- 13:30 13:45 A typical patient's journey: how the health system fails the patient Marian Loveday (South Africa)
- 13:50 14:05 Patient and healthcare worker experiences of MDR-TB management Makhuze P Mbiko (South Africa)
- 14:10 14:25 Implementing systems solutions: working alongside government to integrate MDR-TB and HIV care in South Africa Neel Gandhi (USA)
- 14:30 14:45 Strengthening engagement and accountability: Global Fund investment in health systems strengthening Mark Dybul (Switzerland)
- 14:50 15:00 Discussion



# TB-MR: UNE MALADIE COMPLEXE QUI NÉCESSITE UNE RÉPONSE COMPLÈTE DES SYSTÈMES DE SANTÉ

#### THÈME :

Soins et traitement de la TB pharmaco-résistante, y compris les essais cliniques, Co-infection VIH et TB

#### COORDINATEUR(S):

Marian Loveday (Afrique du Sud), Amy Israel (Suisse)

### PRÉSIDENT(S):

Sarita Shah (États-Unis)

#### PUBLIC VISÉ :

Responsables de programmes de lutte contre la TB, décideurs, professionnels de santé, défenseurs, chercheurs, donateurs

#### DESCRIPTION:

Des services de santé inadéquats ont contribué à l'incapacité de contenir l'épidémie de TB et au développement de souches résistantes aux médicaments. La stratégie de l'OMS concernant les services de santé centrés sur les patients et intégrés identifie quatre priorités principales pour les systèmes de santé : la responsabilisation, le renforcement de l'implication et de la responsabilité, la coordination des services et l'établissement et la mise en œuvre de priorités pour les systèmes de santé. Cette session participative, réunissant des chercheurs, des donateurs, des praticiens et des membres de la société civile, sera l'occasion de discuter d'expériences et de solutions contextualisées pour chacune des quatre priorités.

#### ORIECTIES

- 1. Partager les expériences des patients des services de lutte contre la TB-MR
- 2. Souligner l'importance de disposer de systèmes de santé fonctionnels
- 3. Contextualiser les guatre priorités pour les systèmes de santé en donnant des exemples de solutions
- Discuter de la manière dont le renforcement des systèmes de santé améliore les services de lutte contre la TB et inversement

# COMMUNICATIONS ORALES:

- 13h30 13h45 Parcours type d'un patient : les défaillances du système de santé Marian Loveday (Afrique du Sud)
- 13h50 14h05 Expériences de patients et de travailleurs de la santé dans la prise en charge de la TB-MR Makhuze P Mbiko (Afrique du Sud)
- 14h10 14h25 Mise en place de solutions pour les systèmes de santé : travailler avec le gouvernement pour l'intégration des soins de la TB-MR et du VIH en Afrique du Sud Neel Gandhi (États-Unis)
- 14h30 14h45 Renforcement de l'implication et de la responsabilité : Investissement du Fonds mondial dans le renforcement des systèmes de santé Mark Dybul (Suisse)
- 14h50 15h00 Discussion

SYMPOSIUM 35 ► 13:30 - 15:00 ► AUDITORIUM II



# CONTROVERSIES AND CRITICAL ISSUES IN CLINICAL TRIAL DESIGN FOR TB

#### TRACK

Drug-resistant TB care and treatment, including trials

### TRACK2

Drug-sensitive TB care and treatment, including trials

### COORDINATOR(S)

E Jane Carter (USA), Neil Schluger (USA)

# CHAIR(S)

Neil Schluger (USA), E Jane Carter (USA)

# TARGET AUDIENCE

- 1. TB researchers
- 2. TB clinicians

#### DESCRIPTION

There is an acute need for numerous rigorous, efficient, and ethically sound clinical trials on new drug regimens. The operational complexity of the traditional clinical trial designs often results in high costs and lengthy timelines. As a result, associated scientific discoveries often overtake the results of these trials, rendering the "new" findings obsolete or irrelevant. Has the science of clinical trial design kept pace with the needs for rigorous, efficient and ethical conduct in TB research? This symposium discusses critical issues surrounding the design of clinical trails and the challenges associated.

# **OBJECTIVES**

- 1. Examine meaningful endpoints in phase 2 and 3 trials  $\,$
- 2. Discuss alternative trial designs beyond radomised clinical trials
- 3. Analyse issues in building capacity in low-resource, high-burden settings
- 4. Assess ethical issues in TB research

- 13:30 13:40 What are the meaningful endpoints in phase 2 and phase 3 trials? Susan Dorman (USA)
- 13:45 13:55 What do early bactericidal activity studies really tell us? Andreas Diacon (South Africa)
- 14:00 14:10 Pragmatic trials and other alternatives to standard RCTs Andrew Nunn (UK)
- 14:15-14:25 Building clinical trial capacity in low-resource, high-burden settings I. D. Rusen (Canada)
- 14:30 14:40 Ethical challenges in TB research Justin Denholm (Australia)
- 14:45 15:00 Discussion



# INNOVATIONS TO IMPROVE THE TB/HIV PATIENT EXPERIENCE: FROM DIAGNOSIS TO TREATMENT

#### TRACK

HIV and TB co-infection

#### TRACK2

Patient-centred care

#### COORDINATOR(S)

Sara Massaut (Netherlands), Amy Piatek (USA)

#### CHAIR(S)

Charles Sandy (Zimbabwe), Carrie Tudor (USA)

#### TARGET AUDIENCE

- National tuberculosis programmes, national action plans, national reference laboratories, healthcare workers, laboratory professionals, patients
- 2. Donors

#### DESCRIPTION

Detection of TB by molecular methods, like GeneXpert MTB/RIF, opened the door to rapid diagnosis of HIV-associated TB, especially in resource-limited and high TB-HIV burden countries in Africa. Country impact of Xpert is limited due to many factors including weak diagnostic networks, TB-HIV integration challenges and high rates of empiric treatment. Innovations in diagnosis and treatment initiation, supported by robust reporting and recording, must rally if Africa is to reach major decreases to HIV-associated TB burden. New diagnostic methods beyond 2015 must ensure inclusion of patient-centred perspectives.

#### **OBJECTIVES**

- Share experiences and lessons learnt from the field implementing innovative diagnostic and treatment methods
- 2. Discuss how diagnostic innovations can best be utilized from the patient perspective

#### **PRESENTATIONS**

- 13:30 13:40 From cough to cure (and many steps in-between): one person's journey from diagnosis to treatment Sara Massaut (Netherlands)
- 13:45 13:55 The potential and pitfalls of using Xpert MTB/RIF to detect TB in people living with HIV (PLHIV): what have we learnt from the African experience? Martina Casenghi (Switzerland)
- 14:00 14:10 Strengthening specimen referral and transport networks in resource-limited settings: a Nigerian pilot to improve diagnosis of TB in PLHIV Sani Useni (Nigeria)
- 14:15 14:25 Are TB-HIV "one-stop shops" effective for rapid TB diagnosis and treatment of PLHIV? —
  Ronald Ncube (Zimbabwe)
- 14:30 14:40 Automated reporting of TB diagnostic results: progress, challenges and country experiences Ali Habib (Pakistan)
- 14:45 15:00 Discussion

# **SYMPOSIUM** 63 ► 13:30 - 15:00 ► ROOM MR 1.41-1.42



# **ZOONOTIC TB SESSION II:**

# WHAT DO HUMANS, BABOONS AND LIVESTOCK HAVE IN COMMON?

#### TRACK

Zoonotic TB

# COORDINATOR(S)

Adrian Muwonge (Uganda), Francisco Olea-Popelka (USA)

# CHAIR(S)

Francisco Olea-Popelka (USA), Adrian Muwonge (Uganda)

#### TARGET AUDIENCE

- Physicians, nurses, microbiologists, tuberculosis epidemiologists and pathologists
- 2. Public health specialists, veterinarians, scientists interested in tuberculosis
- 3. Policy-makers, civil society, funders, academicians and researchers

#### DESCRIPTION

While Mycobacterium tuberculosis is the primary causal agent of human TB worldwide, the incidence of zoonotic TB caused by Mycobacterium bovis, the causal agent of bovine TB, and mycobacteria other than Mycobacterium tuberculosis complex (MTC) is underestimated and yet to be fully understood, especially in the developing world. The main challenge lies with the Mycobacterium specie-unspecific diagnostics currently used in most of the high-TB burden countries. Despite this challenge, it has been estimated that in Africa alone approximately 70,000 zoonotic TB cases occur per year. This symposium will cover all aspects of zoonotic TB.

# OBJECTIVES

- 1. A dialogue between medical and veterinary fields to address challenges posed by zoonotic TB
- 2. To create global awareness of zoonotic TB and its impact to public health  $\,$
- 3. To highlight the progress in TB diagnostics, vaccines and infection models
- 4. To identify areas of synergy in preventing and controlling zoonotic TB

- 13:30 13:40 Human tuberculosis due to Mycobacterium bovis in the United States 2006-2013 Colleen Scott (USA)
- 13:45 13:55 Longevity of M. bovis in fresh and souring milk and the screening of milk from communal cattle with a high prevalence of BTB for M.bovis Anita Michel (South Africa)
- 14:00 14:10 Zoonotic tuberculosis in Brazil: a very low prevalence or a neglected problem? Marcio Silva (Brazil)
- 14:15 14:25 Domestic Mycobacterium bovis circulating in Chacma baboons and their public health implication Munyeme Musso (Zambia)
- 14:30 14:40 Tuberculosis diagnostic challenges in wildlife and public health implications Michel Miller (South Africa), Peter Buss (South Africa)
- 14:45 15:00 Discussion



# INHALED THERAPIES FOR TUBERCULOSIS

#### TRACK

Drug-sensitive TB care and treatment, including trials

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Mercedes Gonzalez-Juarrero (USA),

Amit Misra (India)

#### CHAIR(S)

Anthony Hickey (USA), Bernard Fourie (South Africa)

#### TARGET AUDIENCE

- Researchers in targeted drug delivery, mucosal immunisation and hostdirected therapies for TB
- 2. Manufacturers, clinicians, regulatory professionals, policy-makers and civil society
- 3. Domain-specific inputs on inhaled therapies for TB

#### DESCRIPTION

As with asthma, inhaled anti-TB drugs and vaccines have the potential to revolutionise the way in which TB is treated. A number of research groups worldwide are addressing drug and vaccine delivery, and translation efforts are underway. What lessons have been learnt from lab-based research? Does targeting drugs to lung macrophages provide benefits? Can inhalations work as stand-alone therapy, replacing oral dosing? Is there scope to include inhalation as adjunct therapy in first-line treatment? This session will address these questions from research and policy perspectives.

#### **OBJECTIVES**

- 1. To review and present the new and future perspectives on inhaled therapies for TB
- 2. To engage with clinicians, regulatory professionals, policy-makers and civil society
- To stimulate translational research and encourage pharmaceutical manufacturers to produce inhaled therapies

#### **PRESENTATIONS**

- 13:30 13:40 Ways and means for inhaled drug delivery in TB Stefano Giovagnoli (Italy)
- 13:45 13:55 Laboratory and non-clinical evaluation of pulmonary drug delivery in TB Amit Misra (India)
- 14:00 14:10 The regulatory and policy landscape confronting manufacture, testing and registration of inhaled therapies for TB Anthony Hickey (USA)
- 14:15 14:25 Clinical, epidemiological and patient compliance factors affecting deployment of inhaled therapies for TB in the field Bernard Fourie (South Africa)
- 14:30 14:40 Design of clinical trials to assess safety and efficacy of inhaled therapies for TB and potential for 'therapeutic isolation' of TB patients Edward Nardell (USA)
- 14:45 15:00 Discussion

**SYMPOSIUM 38** ► 13:30 - 15:00 ► ROOM MR 2.61-2.63



# AFFORDABLE SOLUTIONS TO INDOOR AIR POLLUTION FOR ONE-THIRD OF THE WORLD'S POPULATION

#### TRACK

Civil society / patient & community engagement

### COORDINATOR(S)

Khurshid-E-Khoda Talukder (Bangladesh)

### CHAIR(S)

Khurshid-E-Khoda Talukder (Bangladesh)

# TARGET AUDIENCE

- Public health advocates, policy-makers, health professionals, programme managers
- 2. Public health engineers

#### DESCRIPTION

Indoor air pollution threatens the lives and health of around three billion people in low- and middle-income countries. Two million people die prematurely from illnesses attributable to indoor air pollution from household solid fuel use; and nearly 50% of pneumonia deaths among children under five are due to particulate matter inhaled from indoor air pollution. This symposium seeks to highlight the health problems related to indoor air pollution as well as the research, capacity building and advocacy needed to establish a smokefree home environment the world over.

# **OBJECTIVES**

- 1. Highlight the burden of disease from indoor air pollution in low- and middle-income countries
- 2. Describe intervention research to reduce this burden of disease
- 3. Provide cost-benefit analysis for scaling up solutions
- 4. Call for global action to scale up interventions

- $13:30-13:40 \quad \text{Airborne endotoxin concentrations in homes burning biomass fuel} \text{To be confirmed}$
- 13:45 13:55 The Cooking and Pneumonia Study (CAPS) in Malawi Stephen Gordon (UK)
- 14:00 14:10 Indoor air pollution and the health of children under five in Bangladesh Zaman Khaleguzzama (Bangladesh)
- 14:15 14:25 Who adopts improved fuels and cookstoves? To be confirmed
- 14:30 14:40 How to increase demand for nontraditional cookstoves Rogelio Perez-Padilla (Mexico)
- 14:45 15:00 Discussion

# TAKING STOCK OF TB EPIDEMIOLOGICAL ASSESSMENTS: EXPERIENCE, LESSONS LEARNT AND THE WAY FORWARD

#### TRACK

TB epidemiology

#### COORDINATOR(S)

Charalambos Sismanidis (Switzerland)

#### CHAIR(S)

Suzanne Verver (Netherlands), Charlotte Colvin (USA)

#### TARGET AUDIENCE

- 1. NTP managers
- 2. TB programme implementers
- 3. Funding agencies

#### DESCRIPTION

Assessment of the quality and coverage of TB surveillance and other related data provides important insights for the health sector and stakeholders. Since early 2013 national TB programmes (NTPs) have been commissioning and conducting standardised epidemiological assessments as part of the Global Fund concept notes and reviews of the health sector and disease-specific programmes. These assessments also identify gaps to be addressed through future investments and technical assistance. They generate practical data for NTPs to use for system improvements and promote collation and use of sub-national data to identify challenges at this level.

#### **OBJECTIVES**

- 1. To present experiences and lessons learnt from recent TB epidemiological assessments
- 2. To identify potential modifications to epidemiological assessments that may improve use of results

#### PRESENTATIONS

- 13:30 13:40 Overview of epidemiological analysis: methods and implementation to date -Charalambos Sismanidis (Switzerland)
- 13:45 13:55 Malawi case study on epidemiological assessment — Chikwe Ihekweazu (South Africa) 14:00 - 14:10 The NTP perspective: from recommendation to implementation and policy change – Christina Widaningrum (Indonesia)
- 14:15 14:25 Technical leadership in epidemiological assessments: global perspective Eveline Klinkenberg (Ethiopia)
- 14:30 14:40 Lessons learnt: what works and what should we consider changing? -Laura Anderson (Switzerland)
- 14:45 15:00 Discussion

SYMPOSIUM 40 ► 13:30 - 15:00 ► BALLROOM WEST - WESTIN

# REINFORCING RESEARCH FOR TB ELIMINATION AT THE COUNTRY LEVEL: **EXPERIENCES FROM PATH-FINDING COUNTRIES**

#### TRACK

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Christian Lienhardt (Switzerland),

Richard Menzies (Canada)

# CHAIR(S)

Gilla Kaplan (USA)

#### TARGET AUDIENCE

- 1. Researchers, scientists, academia
- 2. TB programme managers
- 3. Health policy-makers, NGOs, donors

New tools and strategies for TB care and control are necessary to eliminate TB. This requires strengthened research which develops TB-specific agendas, particularly within the countries most affected by tuberculosis and based on a thorough understanding of each country's specific characteristics. Strengthened TB research capacity at the country level will contribute to global TB research efforts and progress. In this context, work is being undertaken by a group of path-finding countries to explore approaches to operationalise the research pillar of the new WHO End-TB Strategy.

#### **OBJECTIVES**

- 1. To describe the approach by path-finding countries implementing the research pillar of the End-TB Strategy
- 2. To share lessons learnt
- 3. To discuss how approaches can be extended to other TB-endemic countries
- 4. To explore means of scale-up in low- and middle-income countries

- 13:30 13:40 Implementing pillar 3 of the WHO End-TB Strategy at the country level Christian Lienhardt (Switzerland), Richard Menzies (Canada)
- 13:45 13:55 Strengthening research capacity through a national network of researchers: an example from Brazil – Afranio Kritski (Brazil)
- 14:00 14:10 Developing a national TB research strategy: an example from Kenya Jeremiah Chakaya Muhwa (Kenya)
- 14:15 14:25 Undertaking the full spectrum of research in a TB-endemic country; an example from South Africa – Valerie Mizrahi (South Africa)
- 14:30 14:40 The potential of research hubs: an example from the Swedish institutional collaboration Knut Lonnroth (Switzerland)
- 14:45 15:00 Discussion



# THE UNION/CDC LATE-BREAKER SESSION ON TB

The 46th Union World Conference on Lung Health and the Centers for Disease Control and Prevention, Atlanta, Georgia, USA are pleased to present the TB Late-breaker session. Each presentation will be 10 minutes in length. Copies of the presentation abstracts will be available at the session. We look forward to seeing you there and to having a stimulating discussion around these issues.

SESSION CHAIRS Tracy Dalton, Sarita Shah and Kevin Schwartzman Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination & International Union Against Tuberculosis and Lung Disease (The Union)

#### **PRESENTATIONS**

15:43-15:56

15:30-15:43 Rapid point-of-care urine-based testing for tuberculosis and its impact on mortality: a multi-centre randomised controlled trial – Jonny Peter, Duncan Chanda, Lynn Zijenah, Petra Clowes, Chacha Mangu, Maia Lesosky, Greg Calligaro, Andrea Rachow, Michael Hoelscher, Gerard Kadzirange, Tsitsi Bandason, A Chansa, Luisha, Peter Mwaba, Grant Theron, Keertan Dheda for the TB-NEAT team (South Africa / Zambia / Zimbabwe / Tanzania / Germany)

Yield and impact of intensified case finding and isoniazid preventive therapy for tuberculosis among

people living with HIV in Vietnam — Victoria Cowger, Le Hung Thai, Bui Duc Duong, Nguyen Viet Nhung, Do Thi Nhan, Cao Kim Thoa, Vu Thi Khanh, Tran Thinh, Nguyen Huy Dung, Nguyen Thi Bich Yen, Dong Van Ngoc, Michelle McConnell, Sara Whitehead, Eric Pevzner (USA / Viet Nam) 15:56-16:09 A novel socioeconomic intervention improves TB cure and chemoprophylaxis completion in Peruvian shantytowns: a randomized controlled evaluation — Tom Wingfield, Marco A. Tovar, Doug Huff, Delia

Boccia, Rosario Montoya, Eric Ramos, Sumona Datta, Matthew J. Saunders, James J. Lewis, Robert H. Gilman, Carlton A. Evans (UK / Peru / USA) Electronic-cigarettes, nicotine and tobacco smoke impair human immune responses to virulent 16:09-16:22 Mycobacterium Tuberculosis infection — Rosa Chang, Malika Davids, Keertan Dheda, Eric Bateman,

Richard van Zyl-Smit (South Africa) Early bactericidal activity of azd5847 in pulmonary tuberculosis – Jennifer J. Furin, Jeannine Du Bois, 16:22-16:35

Elana van Brakel, Phalkun Chheng, Amour Venter, Charles A. Peloguin, Bonnie Thiel, Sara M. Debanne, W. Henry Boom, Andreas H. Diacon, John L. Johnson (USA / South Africa) 16:35-16:48 Unexpected high frequency of Rv0678 mutations in MDR TB patients without documented prior use

of clofazimine or bedaquiline — Nele Coeck, Cristina Villellas, Conor J. Meehan, Nacer Lounis, Stefan Niemann, Leen Rigouts, Bouke de Jong and Koen Andries (Belgium / Germany)

16:48-17:00 First results with a 9-month regimen for multidrug-resistant tuberculosis (MDR-TB) in francophone Africa – Christopher Kuaban, Zacharie Kashongwe, Alimata Bakayoko, Thaddée Ndikumana, Souleymane Hassane, Bassirou Souleymane, Valentin Fikouma, Martin Gninafon, Martial Ouedraogo, Valérie Schwoebel, Kobto Ghislain Koura, Hans Rieder, Arnaud Trébucq (Cameroon / Democratic Republic of Congo / Côte d'Ivoire / Burundi / Niger / Central African Republic / Benin / Burkina-Faso / France)



# SÉANCE DE « DERNIÈRE MINUTE » DE L'UNION/CDC SUR LA TB

La 46<sup>e</sup> conférence de L'Union sur la santé respiratoire et les Centres pour le contrôle et la prévention des maladies, Atlanta, Géorgie, États-Unis sont heureux de vous présenter la séance de dernière minute sur la tuberculose. Chaque présentation durera 10 minutes. Des copies des résumés de la présentation seront disponibles dans l'Abstract Book de la Conférence. Nous espérons vous voir à cette occasion et engager une discussion stimulante sur ces sujets.

PRÉSIDENTS DE SÉANCE Tracy Dalton, Sarita Shah et Kevin Schwartzman Centres pour le contrôle et la prévention des maladies (Centers for Disease Control and Prevention, CDC), Division de l'élimination de la tuberculose et L'Union Internationale Contre la Tuberculose et les Maladies Respiratoires (L'Union)

# **PRESENTATIONS**

15h30-15h43 Test urinaire rapide au point d'intervention pour la tuberculose et son impact sur la mortalité h étude multicentrique, contrôlée et randomisée – Jonny Peter, Duncan Chanda, Lynn Zijenah, Petra Clowes, Chacha Mangu, Maia Lesosky, Greg Calligaro, Andrea Rachow, Michael Hoelscher, Gerard Kadzirange, Tsitsi Bandason, A Chansa, Luisha, Peter Mwaba, Grant Theron, Keertan Dheda pour l'équipe TB-NEAT (Afrique du Sud / Zambie / Zimbabwe / Tanzanie / Allemagne)

15h43-15h56 Intérêt et impact de la recherche intensive de cas et du traitement préventif de la tuberculose par l'isoniazide chez des personnes vivant avec le VIH au Vietnam – Victoria Cowger, Le Hung Thai, Bui Duc Duong, Nguyen Viet Nhung, Do Thi Nhan, Cao Kim Thoa, Vu Thi Khanh, Tran Thinh, Nguyen Huy Dung, Nguyen Thi Bich Yen, Dong Van Ngoc, Michelle McConnell, Sara Whitehead, Eric Pevzner (USA / Vietnam)

15h56-16h09 Une nouvelle intervention socio-économique améliore la quérison de la tuberculose et la réalisation d'une chimioprophylaxie dans les bidonvilles du Pérou h évaluation contrôlée et randomisée – Tom Wingfield, Marco A. Tovar, Doug Huff, Delia Boccia, Rosario Montoya, Eric Ramos, Sumona Datta, Matthew J. Saunders, James J. Lewis, Robert H. Gilman, Carlton A. Evans (Royaume-Uni / Pérou / États-Unis)

16h09-16h22 Les cigarettes électroniques, la nicotine et la fumée du tabac altèrent les réponses immunitaires humaines à une infection virulente par Mycobacterium tuberculosis -

Rosa Chang, Malika Davids, Keertan Dheda, Eric Bateman, Richard van Zyl-Smit (Afrique du Sud) 16h22-16h35 Activité bactéricide précoce de azd5847 dans la tuberculose pulmonaire — Jennifer J. Furin, Jeannine Du Bois, Elana van Brakel, Phalkun Chheng, Amour Venter, Charles A. Peloquin, Bonnie Thiel, Sara M.

Debanne, W. Henry Boom, Andreas H. Diacon, John L. Johnson (États-Unis / Afrique du Sud) 16h35-16h48 Fréquence élevée inattendue des mutations de Rv0678 chez des patients atteints de tuberculose multirésistante sans utilisation antérieure de clofazimine ou de bédaquiline – Nele – Nele Coeck, Cristina Villellas, Conor J. Meehan, Nacer Lounis, Stefan Niemann, Leen Rigouts, Bouke de Jong and Koen Andries (Belgique / Allemagne)

16h48-17h00 Premiers résultats d'un schéma thérapeutique de neuf mois pour la tuberculose multirésistante en Afrique francophone – Christopher Kuaban, Zacharie Kashongwe, Alimata Bakayoko, Thaddée Ndikumana, Souleymane Hassane, Bassirou Souleymane, Valentin Fikouma, Martin Gninafon, Martial Ouedraogo, Valérie Schwoebel, Kobto Ghislain Koura, Hans Rieder, Arnaud Trébucq (Cameroun / République démocratique du Congo / Côte d'Ivoire / Burundi / Niger / République Centrafricaine / Bénin / Burkina Faso / France)



# TB RESEARCH AND COMMUNITIES: ETHICAL AND PRACTICAL CONSIDERATIONS

#### TRACK

Civil society / patient & community engagement

#### COORDINATOR(S)

Richard O'Brien (USA)

#### CHAIR(S)

Mary E. Edginton (South Africa), Anne Fanning (Canada)

#### TARGET AUDIENCE

- 1. Researchers and research staff
- 2. All health workers
- 3. Community advocates

Communities being researched have a right to be involved and engaged at many levels. Researchers often fail to discuss study concepts and plans with those being studied, including outlining the benefits and risks, as well as local social and cultural practices and expectations. Researchers need to make particular efforts to ensure that participants are giving informed consent and that results with recommended policy and practical implications are provided to the community. This session, organised by The Union Ethics Advisory Group, focuses on case stories about researchers who have engaged communities and problems that have arisen when they did not.

#### **OBJECTIVES**

- 1. To describe and discuss case stories illustrating experiences and community engagement in TB research
- 2. To highlight the need for community engagement to ensure excellent and ethical research
- 3. To share lessons learnt in showing how research has benefited the community
- 4. To describe how community engagement can be achieved

#### PRESENTATIONS

- 15:30 15:40 Community engagement in descriptive studies Augustine Choko (Malawi)
- 15:45 15:55 Community engagement in TB vaccine studies Michele Tameris (South Africa), Margaret Nabakooza (Uganda)
- 16:00 16:10 Community engagement in TB drug trials Neil Schluger (USA)
- 16:15 16:25 Discussants Mike Frick (USA), Laia Ruiz Mingote (Spain)
- 16:30 16:40 Discussants Graeme Hoddinott (South Africa)
- 16:45 17:00 Discussion

# SYMPOSIUM 42 ► 15H30 - 17H00 ► BALLROOM EAST - CTICC ••



# **RECHERCHE SUR LA TB ET COMMUNAUTÉS:** CONSIDÉRATIONS ÉTHIQUES ET PRATIQUES

#### THÈME :

Implication de la société civile/des patients et de la communauté

#### COORDINATEUR(S):

Richard O'Brien (États-Unis)

#### PRÉSIDENT(S):

Mary E. Edginton (Afrique du Sud), Anne Fanning (Canada)

#### PUBLIC VISÉ :

Chercheurs et équipes de recherche, tous les travailleurs de la santé, défenseurs de la communauté

### DESCRIPTION:

Les communautés faisant l'objet de recherches ont le droit d'être impliquées et associées à de nombreux niveaux. Il arrive souvent que les chercheurs ne discutent pas des concepts et plans d'étude avec les personnes étudiées, et notamment des bénéfices et des risques, et ne prennent pas suffisamment en compte les pratiques sociales et culturelles locales et les attentes des patients. Les chercheurs doivent s'efforcer d'obtenir le consentement éclairé des participants et de communiquer à la communauté les résultats ainsi que la politique recommandée et les implications pratiques. Cette session, organisée par le Groupe consultatif sur l'éthique de L'Union, sera l'occasion de présenter des témoignages de chercheurs ayant impliqué les communautés et les problèmes survenus dans le cas contraire.

### OBJECTIES:

- 1. Décrire et discuter de témoignages illustrant les expériences et l'implication de la communauté dans la
- 2. Souligner la nécessité d'impliquer la communauté pour garantir une recherche éthique et de qualité
- 3. Partager les lecons tirées en montrant comment la recherche a bénéficié à la communauté
- 4. Décrire comment obtenir l'implication de la communauté

# COMMUNICATIONS ORALES:

- 15h30 15h40 Implication de la communauté dans les études descriptives Augustine Choko (Malawi)
- 15h45 15h55 Implication de la communauté dans les études sur la vaccination contre la TB -Michele Tameris (Afrique du Sud), Margaret Nabakooza (Ouganda)
- 16h00 16h10 Implication de la communauté dans les essais sur les médicaments antituberculeux Neil Schluger (États-Unis)
- 16h15 16h25 Participants Mike Frick (États-Unis), Laia Ruiz Mingote (Espagne)
- 16h30 16h40 Participants Graeme Hoddinott (Afrique du Sud)
- 16h45 17h00 Discussion



# COUNTRY EXPERIENCES: ENABLERS FOR COMMUNITY-BASED MULTIDRUG-RESISTANT TUBERCULOSIS MANAGEMENT PROGRAMMES

#### TRACK

Drug-resistant TB care and treatment, including trials

#### TRACK2

Civil society / patient & community engagement

#### COORDINATOR(S)

Xiaolin Wei (Hong Kong)

#### CHAIR(S)

John Walley (UK), Mohammad Akramul Islam (Bangladesh)

#### TARGET AUDIENCE

- Doctors, nurses and allied health workers
- 2. Policy-makers
- 3. Researchers in TB and MDR-TB control programmes

#### DESCRIPTION

Community-based MDR-TB management has been scaled up in many countries. Managing MDR-TB cases is challenging due to its long treatment, high costs and highly toxic regimens. This symposium shares the cutting-edge knowledge of the effects of different enablers on MDR-TB management, including the Directly Observed Treatment (DOT), support from community health workers (CHW), social support and health insurance schemes, and Internet-based coordination systems. The presentations will encourage debate and research regarding these factors to promote effective and efficient MDR-TB management.

#### **OBJECTIVES**

- 1. To share the experiences from the community-based MDR-TB management programme
- 2. To explore the contribution of certain enablers such as DOT, CHW and health insurance
- To propose debate on how these enablers can be better adopted into the community-based MDR-TB management
- 4. To empower nurses, doctors, CHWs and community-based organisations in MDR-TB management

#### **PRESENTATIONS**

16:45 - 17:00 Discussion

15:30 - 15:40 Integrated community-based HIV and MDR-TB care in Swaziland – John Walley (UK)
 15:45 - 15:55 The effects of Directly Observed Therapy (DOT) in MDR-TB treatment, a systematic review and field experience from China – Jia Yin (Hong Kong), Xiaolin Wei (Hong Kong)
 16:00 - 16:10 The role of health insurance schemes in managing community-based MDR-TB patients via designated hospitals in China – Qiang Sun (China)
 16:15 - 16:25 Expanding MDR-TB management through community health workers in Bangladesh and Nepal: NGO experiences – Shayla Islam (Bangladesh), Sushil Chandra Baral (Nepal)
 16:30 - 16:40 Developing and implementing an Internet-based information system, SITETB, to integrate services among health providers in Brazil for MDR-TB care – Fernanda Dockhorn (Brazil)

SYMPOSIUM 44 ► 15:30 - 17:00 ► AUDITORIUM II



#### ACHIEVING OUALITY XPERT MTB/RIF USE FOR RAPID CASE DETECTION

#### TRACK

TB laboratory services: organisation and quality assurance

#### TRACK2

TB diagnostics, including molecular methods

#### COORDINATOR(S)

Alaine Umubyeyi Nyaruhirira (South Africa), Kathleen England (Netherlands)

#### CHAIR(S)

Lesley Scott (South Africa), Wayne Van Gemert (Switzerland)

#### TARGET AUDIENCE

- Clinicians, laboratorians, national TB programme staff
- 2. Ministry of Health officials and lab services managers

#### DESCRIPTION

Since the WHO issued its recommendation for the use of Xpert MTB/RIF to rapidly diagnose TB and MDR-TB, countries have funded programmes to improve access to quality-assured diagnostic testing using Xpert-containing algorithms and strategies. This symposium will highlight best practices and innovative approaches for Xpert use as part of national TB strategies, while emphasising methods to ensure the quality of testing. The outcome of this session will allow participants to have a better understanding of options to improve utilisation and maintain quality while scaling up Xpert within their programmes.

# **OBJECTIVES**

- 1. Provide practical aspects of Xpert use for the diagnosis of TB and MDR-TB
- 2. Share experiences with Xpert technology and case finding strategies
- 3. To discuss emerging best practices to ensure quality testing

- 15:30 15:40 The role of Xpert MTB/RIF testing in improving the clinical diagnosis of patients in Pakistan Sabira Tahseen (Pakistan)
- 15:45 15:55 Yield of TB lymphadenitis with cytology vs GeneXpert and culture in Ethiopia Muluken Aseresa Melese (Ethiopia), Tuffa Gemechu (Ethiopia)
- 16:00 16:10 Contribution of GeneXpert in MDR-TB case finding in Ethiopia Jerene Degu (Ethiopia), Gonfa Ayana (Ethiopia)
- 16:15 16:25 The use of verification and external quality assessment panels to monitor the accuracy of Xpert MTB/RIF testing across 18 countries Anura David (South Africa)
- 16:30 16:40 Quality indicators and maintenance experience of Xpert MTB/RIF in South Africa Sebaka Molapo (South Africa), Puleng Marokane (South Africa)
- 16:45 17:00 Discussion



# FINDING BETTER TREATMENTS SOONER: INNOVATIONS IN CLINICAL TRIALS FOR NEW REGIMENS BEYOND 2015

#### TRACK

Drug-sensitive TB care and treatment, including trials

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Patrick Phillips (UK)

#### CHAIR(S)

Carole Mitnick (USA)

#### TARGET AUDIENCE

- 1. Public health clinicians
- 2. Policy-makers
- 3. TB clinical triallists and other researchers

#### DESCRIPTION

Following the recent failure of three large multi-centre phase III trials to identify shorter regimens for the treatment of drug-sensitive TB, this symposium will review novel approaches that are being used in clinical trials to increase the chance of quickly finding shorter, simpler and safer regimens for the treatment of drug-sensitive and multidrug-resistant TB.

#### **OBJECTIVES**

- 1. To provide an overview of innovations in clinical trials for new regimens
- To present to policy-makers new types of trials and how these can be used to inform policy and quidelines

#### **PRESENTATIONS**

- $15:30-15:40 \quad \text{Regimen development with novel chemical entities} \text{Carl Mendel (USA)}$
- 15:45 15:55 Lessons from the high-dose rifapentine trial Rodney Dawson (South Africa)
- 16:00 16:10 Lessons from the Pan African Consortium for the Evaluation of Antituberculosis Antibiotics (PanACEA) Multi-Art Multi-Stage (MAMS) TB trial Michael Hoelscher (Germany)
- 16:15 16:25 TRUNCATE-TB: Evaluating new treatment strategies for drug-sensitive TB Nicholas Paton (Singapore)
- 16:30 16:40 A community perspective on clinical trials Marcus Low (South Africa)
- 16:45 17:00 Discussion

**SYMPOSIUM 46** ► 15:30 - 17:00 ► ROOM MR 2.41-2.43



#### STRENGTHENING COMMUNITY SYSTEMS: BUILDING THE EVIDENCE FOR IMPACT

#### TRACK

Civil society / patient & community engagement

# COORDINATOR(S)

Colleen Daniels (USA)

# CHAIR(S)

Kate Thomson (Switzerland)

# TARGET AUDIENCE

- 1. Civil society, TB-affected communities
- National TB programmers, decision makers, policymakers
- 3. National and international donor, private sector

#### DESCRIPTION

Community organisations and networks have the unique ability to interact with TB-affected communities and and react quickly to their needs. They provide direct services to the communities and advocate for improved programming and policy environments which enable better health outcomes and influence the development, reach and oversight of the public system. Despite this important contribution, the question of whether or not investing in strengthening these community systems is worthwhile continues to dominate public domain. An understanding of the benefit community systems provide and strengthening their involvement in TB response is critical to improving TB care.

#### OBJECTIVES

1. Increase understanding of community systems strengthening in the context of TB

in Bangladesh – Shayla Islam (Bangladesh)

- 2. Showcase the evidence that exists on the added value and impact of innovative community systems initiatives
- Begin a discussion on best methodologies and tools that capture the community systems and building evidence

- 15:30 15:40 Involvement of network of people in Direct Observed Treatment (DOT) in TB service outreach in Afghanistan Ataulhaq Sanaie (Afghanistan)
- 15:45 15:55 Community-based monitoring and evaluation in Uganda: ensuring TB services delivered by public and private sectors are available and accessible Paddy Masembe (Uganda)
  16:00 16:10 Contributions of communities in improving case detection in rural Ethiopia through TB REACH
- Datiko Daniel Gemechu (Ethiopia)
   16:15 16:25 Expanding TB diagnosis and community-based TB management through community systems
- 16:30 16:40 Tools for mapping community service delivery: Southern Africa Trust and The Global Fund to Fight AIDS, TB and Malaria Gareth Coats (South Africa)
- 16:45 17:00 Discussion

# 

# GETTING PATIENTS TREATED FOR LATENT TB INFECTION (LTBI) AS TB PREVENTION

#### TRACK

Latent TB infection (LTBI)

#### TRACK2

Patient-centred care

#### COORDINATOR(S)

Sarita Shah (USA), Christine Ho (USA)

#### CHAIR(S)

Christine Ho (USA), Hendrik Simon Schaaf (South Africa)

#### TARGET AUDIENCE

- 1. National TB programme managers, TB researchers
- 2. TB programme staff,
- 3. Healthcare workers, clinicians

#### DESCRIPTION

WHO issued new guidelines for who should be tested and treated for latent TB infection (LTBI). Treatment of TB infection can funcation as TB prevention and strategies to maximise treatment completion for those most at risk of TB is important. This symposium will discuss the evidence for best use of diagnostic tests and treatment regimens. The session will cover: the new WHO guidelines for management of latent TB infection; considerations for predictive value of the TB tests, including interferon gamma release assay (IGRA); programme experience of short LTBI regimens; and an update on LTBI research.

#### OBJECTIVES

- 1. To inform the target audience of the new WHO guidelines for management of latent TB infection
- 2. To review the latest data on IGRA's for predicting progression to active TB
- 3. To assist programmes in implementing LTBI treatment by sharing experiences from lowand high-burden settings
- 4. To discuss ongoing or planned studies that address research gaps in LTBI

#### PRESENTATIONS

- 15:30 15:40 Addressing latent TB infection to achieve global TB elimination targets: new WHO guidelines for LTBI Haileyesus Getahun (Switzerland)
- 15:45 15:55 Identifying those at highest risk for progression: role of next generation IGRAs in targeting treatment Mark Hatherill (South Africa)
- 16:00 16:10 Implementing shorter LTBI treatment regimens in low-incidence settings: lessons learnt from 3HP post-marketing surveillance Christine Ho (USA)
- 16:15 16:25 Implementing LTBI treatment in high incidence settings: lessons learnt Bui Duc Doung (Viet Nam)
- 16:30 16:40 Update on clinical trials for LTBI: towards shorter regimens for HIV and non-HIV infected persons Gavin Churchyard (South Africa)
- 16:45 17:00 Discussion

**SYMPOSIUM 48** ► 15:30 - 17:00 ► ROOM MR 2.61-2.63



# BEYOND ACCELERATED DRUG DEVELOPMENT: BUILDING SUCCESSFUL PARTNERSHIPS AND PLATFORMS AS A CRITICAL PATH TO TB DRUG REGIMENS AND PREDICT-TB

#### TRACK

TB other

# COORDINATOR(S)

Marco Schito (USA)

#### CHAIR(S)

Debra Hanna (USA)

### TARGET AUDIENCE

- TB drug developers, researchers
- 2. Clinical trialists, patients, advocates
- 3. Policy experts

#### DESCRIPTION

The Critical Path to TB Drug Regimens (CPTR) and PreDiCT-TB aim to accelerate TB drug development and build short-duration treatment regimens and rapid diagnostics. CPTR successfully had the hollow-fiber model of TB qualified by the European Medicines Agency as a drug development tool for TB, and is leading regulatory work on liquid cultures and modelling and simulation tools. PreDiCT—TB systematically evaluates pre-clinical models in TB and databases of individual patient data from TB clinical trials. This symposium will share experiences with partners and discuss advances in pre-clinical models of TB translational platforms and clinical trial design.

# OBJECTIVES

- Discuss building a data-sharing public-private partnership platform across disciplines in TB drug development
- 2. Analyse current knowledge gaps in translational TB research and lessons learnt from recent trials
- 3. Outline a new paradigm of partnership for development of more informed and effective translational models
- 4. Consider remapping of data from other clinical trials for other purposes
- 5. Discuss the way forward

- 15:30 15:40 Lessons from the qualification of the pre-clinical hollow fiber system model of tuberculosis (HFS-TB) Jotam Pasipanodya (USA)
- 15:45 15:55 Collaborative approaches to defining contribution of animal models Henry Pertinez (UK)
- 16:00 16:10 Learning from clinical trial data Laura Bonnett (UK)
- 16:15 16:25 Improving TB clinical trial design through modeling and simulation Klaus Romero (USA)
- 16:30 16:40 Translational modelling approaches in TB drug development To be confirmed
- 16:45 17:00 Discussion



#### **SANATORIA: BACK TO THE FUTURE?**

#### TRACK

TB in vulnerable and special populations

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Alistair Story (UK), Rob Van Hest (Netherlands)

#### CHAIR(S

Giovanni Battista Migliori (Italy)

#### TARGET AUDIENCE

- Medical, nursing and public health professionals
- Those working with MDR-/XDR-TB, TB-HIV or excluded communities in urban areas
- Advocates, programme managers

#### DESCRIPTION

The sanatorium movement was largely disbanded with the advent of effective TB treatment and ambulatory care. The need for long-stay therapeutic accommodation has re-emerged at the nexus of clinical and social complexity, reflecting the changing epidemiology of TB internationally among largely urban and excluded populations. This symposium will provide an overview of the sanatorium movement and encourage debate about its contemporary relevance using international examples of long-stay accommodation facilities for TB patients and alternative models of care.

#### **OBJECTIVES**

- 1. Understand the historical context of sanatoria and explore the contemporary and future relevance
- 2. Discuss the groups and settings for which this approach is appropriate
- 3. Identify different models of long-term therapeutic accommodation for TB
- 4. Describe costs and effectiveness
- 5. Discuss alternative support models

#### PRESENTATIONS

- 15:30 15:40 The sanatoria movement: past and future Alistair Story (UK)
- 15:45 15:55 Netherlands: high-income, low-incidence, high programme budget Wiel De Lange (Netherlands)
- 16:00 16:10 Barcelona: high-income, low-incidence, low programme budget Ignacio Monedero (Spain), Joan Caylà (Spain)
- 16:15 16:25 Dominican Republic: middle-income, high-incidence, low programme budget Maria Rodriguez (Dominican Republic)
- 16:30 16:40 South Africa: low-income, high-incidence, high programme budget Jacoba Ferreira (South Africa)
- 16:45 17:00 Discussion

#### SYMPOSIUM 50 ► 15:30 - 17:00 ► BALLROOM EAST - WESTIN



#### **SMOKELESS TOBACCO: A SILENT KILLER**

#### TRACK

Tobacco control

#### COORDINATOR(S)

Kamran Siddiqi (UK), Rumana Huque (Bangladesh)

#### CHAIR(S)

Lekan Ayo-Yusuf (South Africa)

#### TARGET AUDIENCE

- Tobacco control advocates, funders, researchers and policy-makers
- 2. Health policy-makers, and health service managers
- 3. Doctors, nurses and other health professionals

#### DESCRIPTION

Smokeless tobacco (ST) consumption poses a public health problem affecting many populations in the world. Its use leads to a variety of cancers and cardiovascular diseases but despite this, ST remains a neglected issue. In many countries, such as those in South Asia, ST is the predominant form of tobacco use. Yet, efforts to control tobacco even in these countries have largely focused on cigarettes. In general, there is a global failure to appreciate the magnitude of the problem posed by ST amongst health professionals, policy-makers and funders, which results in limited progress in addressing it.

#### OBJECTIVES

- 1. To highlight that ST consists of diverse products with differences in their cancer and cardiovascular risks
- 2. To show that ST poses a risk to human health and contributes to the global disease burden
- 3. To galvanise early efforts to develop and evaluate novel approaches to prevent and control ST

#### **PRESENTATIONS**

- 15:30 15:40 Smokeless tobacco, cancers and cardiovascular diseases: a systematic review and metaanalysis — Aishwarya Vidyasagaran (India), Sarwat Shah (UK)
- 15:45 15:55 Global burden of disease due to smokeless tobacco consumption in adults: analysis of data from 113 countries Kamran Siddiqi (UK)
- 16:00 16:10 Smokeless tobacco consumption among adolescents: a global epidemiological perspective Israel Agaku (USA), Olalekan Ayo-Yusuf (South Africa)
- 16:15 16:25 Smokeless tobacco addiction: an evaluation of ST dependence measures in Bangladeshi consumers Rumana Huque (Bangladesh)
- 16:30 16:40 Developing and evaluating a behavioural support intervention for smokeless tobacco cessation in Pakistan and the UK Omara Dogar (Pakistan)
- 16:45 17:00 Discussion



# E/M-HEALTH AS A TRANSFORMATIONAL TOOL IN TB CONTROL IN HIGH-BURDEN COUNTRIES

#### TRACK

Drug-sensitive TB care and treatment, including trials

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Puneet Dewan (India), Neeraj Kak (USA)

#### CHAIR(S)

Refiloe Matji (South Africa), Ali Habib (Pakistan)

#### TARGET AUDIENCE

- National TB programme and country-level implementers
- 2. Technical agencies
- 3. Technology specialists

#### DESCRIPTION

The unprecedented growth of information and communication technologies (ICT) globally has been transforming health delivery. Recent large-scale efforts using ICT for e-health systems promise to transform TB control by improving access, diagnosis, adherence and real-time data for service improvement. This symposium will discuss the opportunities for increasing the scale and effectiveness of promising mobile-health (mHealth) tools. Panelists will describe promising examples of mHealth to improve case management and detail their development and application in a variety of population contexts.

#### OBJECTIVES

- 1. Understand the experiences and challenges in integrating ICT in current national TB programmes
- 2. Provide examples of established mHealth tools to improve TB and MDR-TB case management and adherence
- 3. Describe the integration and widespread scale-up of promising mHealth tools

#### **PRESENTATIONS**

- 15:30 15:40 Setting up eHealth for TB at scale: lessons learnt Dennis Falzon (Switzerland)
- 15:45 15:55 Challenges and opportunities for implementing e/m-Health for TB in resource-limited settings :experience from Georgia Tamar Gabunia (Georgia)
- 16:00 16:10 Cracking the challenge of private-provider engagement for TB in India with innovative e-Health solutions To be confirmed
- 16:15 16:25 Using geographic information systems and patient mapping tools to improve follow up and support for MDR-TB patients in Swaziland Marianne Calnan (Swaziland)
- 16:30 16:40 Demonstrating relevance and acceptability of mobile tools to assist in case management and adherence in South Africa Siphiwe Mndaweni (South Africa)
- 16:45 17:00 Discussion

#### SYMPOSIUM 52 ► 15:30 - 17:00 ► DA GAMA/DIAZ - WESTIN



# DEVELOPING A RIGHTS-BASED APPROACH TO PREVENTION AND TREATMENT OF TUBERCULOSIS

#### TRACK

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Brian Citro (USA), Farihah Malik (Switzerland)

#### CHAIR(S)

Brian Citro (USA), Kate Thomson (Switzerland)

#### TARGET AUDIENCE

- National TB programmes, technical partners, CSOs, donors
- 2. Community-based organisations, key affected populations, (former-) TB patients
- 3. Activists, international organisations, freelance consultants

#### DESCRIPTION

Human rights and TB is a neglected field. In 2014, The Global Fund analysed 117 concept notes. None of the standalone TB concept notes included interventions for human rights. However, human rights, and the right to health in particular, must be used as tools to promote prevention and increase access to testing and treatment for TB. In contrast to traditional approaches, the rights-based approach focuses on underlying socio-economic determinants, articulates the rights of people living with and vulnerable to TB and establishes the legal obligations of governments and non-state actors.

#### OBJECTIVES

- 1. Increase understanding of human rights and the right to health
- Use human rights as tool to increase access to testing and treatment for TB, including for MDR- and XDR-TB
- 3. Discuss how a rights-based approach to TB can be implemented in low- and middle-income countries
- 4. Initiate dialogue and provide examples of how key affected populations may utilise a rights-based approach
- 5. Stimulate multi-sector collaboration to tackle legal barriers as part of the TB response

#### **PRESENTATIONS**

- 15:30 15:45 The role of human rights in TB prevention and treatment: lessons from Haiti To be confirmed
- 15:50 16:05 Incorporating rights into TB legislation: lessons from Romania Jonathan Stillo (USA)
- 16:10 16:25 Protecting the rights of people with TB through litigation Malleche Allan (Kenya)
- 16:30 16:45 Empowering women and children through a rights-based approach to TB Prabha Mahesh (India)
- 16:50 17:00 Discussion



#### **IMPROVING TB TREATMENT OUTCOMES**

CHAIR(S): Graeme Meintjes (South Africa), Timothy Sterling (USA) - TRACK: Drug-sensitive TB care and treatment, including trials

0A-379-05 Effectiveness of a Conditional Cash Transfer Program in tuberculosis cure rate:

10:30-10:40 a retrospective cohort study in Brazil

A Torrens, M Sanchez, J Nery, D Barreira, D Rasella (Brazil)

0A-380-05 Development and validation of a simplified prognostic score for tuberculosis under the tuberculosis program

10:40-10:50 in a sub-Saharan African setting

Ew Pefura-Yone, Ad Balkissou, V Poka, Hk Fatime Abaicho, Pt Enono-Edende, C Kuaban, Ap Kengne (Cameroon)

0A-381-05 The impact of referring of patients with tuberculosis from a mega-tuberculosis center

10:50-11:00 to a peripheral health care center on loss to follow-up

Ew Pefura-Yone, Hk Fatime Abaicho, Ad Balkissou, Ap Kengne (Cameroon)

0A-382-05 High MDR-TB rates among successfully treated new smear-positive TB patients using

the intermittent regimen under the DOTS strategy

D Garg, N Garg (India)

0A-383-05 Low rifampicin levels in patients treated with intermittent anti-tuberculosis regimens in India

11:10-11:20 G Ramachandran, Hk Agibothu Kupparam, C Vedachalam, J Lavanya, S Swaminathan (India)

**0A-384-05** Cost-effectiveness of different models of treatment for DR-TB patients in KwaZulu-Natal, South Africa M Loveday, K Wallengren, J Brust, A Voce, N Padayatchi, J Ngozo, Z Radebe, E Daviaud (South Africa, USA)

0A-385-05 Predictors of 2-month culture conversion in pulmonary tuberculosis

11:30-11:40 W Smythe, J Pasipanodya, P Denti, C Merle, P Olliaro, T Gumbo, H Mcilleron (South Africa, USA, Switzerland)

0A-386-05 TB treatment outcomes among participants in the XTEND trial

11:40-11:50 K Fielding, K Mccarthy, S Ginindza, V Chihota, S Charalambous, G Churchyard, A Grant (UK, South Africa)

11:50-12:00 **Discussion** 

#### COMMUNICATIONS ORALES 11 ► 10:30-12:00 ► AUDITORIUM I



#### AMÉLIORATION DES RÉSULTATS DES TRAITEMENTS ANTITUBERCULEUX

PRÉSIDENT(S): Graeme Meintjes (Afrique du Sud), Timothy Sterling (Etats-Unis) - THÈME: Soins et traitement de la TB sensible aux médicaments, y compris les essais

0A-379-05 Efficacité d'un programme de transfert monétaire conditionnel dans le taux de guérison de la tuberculose :

10h30-10h40 étude de cohorte rétrospective au Brésil

A Torrens, M Sanchez, J Nery, D Barreira, D Rasella (Brésil)

0A-380-05 Développement et validation d'un score pronostique simplifié pour la tuberculose dans le cadre du programme

10h40-10h50 de lutte contre la tuberculose en Afrique subsaharienne

Ew Pefura-Yone, Ad Balkissou, V Poka, Hk Fatime Abaicho, Pt Enono-Edende, C Kuaban, Ap Kengne (Cameroun)

0A-381-05 Impact de l'orientation de patients tuberculeux d'un méga-centre de lutte contre la tuberculose

10h50-11h00 vers un centre de soins périphérique sur le taux de perdus de vue

Ew Pefura-Yone, Hk Fatime Abaicho, Ad Balkissou, Ap Kengne (Cameroun)

0A-382-05 Taux élevés de TB-MR parmi les nouveaux cas de TB à frottis positif traités avec succès utilisant le schéma

intermittent dans le cadre de la stratégie DOTS

D Garg, N Garg (Inde)

0A-383-05 Taux faibles de rifampicine chez des patients traités par des schémas antituberculeux intermittents en Inde

11h10-11h20 G Ramachandran, Hk Agibothu Kupparam, C Vedachalam, J Lavanya, S Swaminathan (Inde)

0A-384-05 Rapport coût/efficacité de différents modèles de traitement pour les patients atteints de TB pharmaco-résistante

11h20-11h30 dans le KwaZulu-Natal (Afrique du Sud)

M Loveday, K Wallengren, J Brust, A Voce, N Padayatchi, J Ngozo, Z Radebe, E Daviaud (Afrique du Sud, États-Unis)

0A-385-05 Prédicteurs de la conversion de la culture à 2 mois dans la tuberculose pulmonaire

11h30-11h40 W Smythe, J Pasipanodya, P Denti, C Merle, P Olliaro, T Gumbo, H Mcilleron (Afrique du Sud, États-Unis, Suisse)

OA-386-05 Résultats du traitement antituberculeux chez les participants de l'essai XTEND

11h40-11h50 K Fielding, K Mccarthy, S Ginindza, V Chihota, S Charalambous, G Churchyard, A Grant (Royaume-Uni, Afrique du Sud)

11h50-12h00 **Discussion** 



#### MDR-TB: IMPACTS OF DETECTION AND EARLY TREATMENT

CHAIR(S): Enos Masini (Kenya), James Cowan (USA) - TRACK: Drug-resistant TB care and treatment, including trials

(3): L1105 IVIASI	ni (kenya), James Cowan (USA) - Irack: Drug-resistant 15 care and treatment, including thats
<b>0A-387-05</b> 10:30-10:40	The yield of household contact investigation of MDR-TB index cases in two regions of Ethiopia N Demmelash, Dj Dare, Mr Nigussie, I Jemal Abdulahi, T Kebede, M Aseresa Melese, Dr Habte, Y Haile, P G Suarez (Ethiopia, USA)
<b>0A-388-05</b> 10:40-10:50	Impact of a public-private mix intervention on MDR-TB detection in Karachi, Pakistan: experiences from the TB Xpert® Initiative  Wm Awan, A Zaidi, A Malik, S Khowaja, U Khan, C Jacob, H Hussain, A Khan (Pakistan, Singapore, United Arab Emirates, Switzerland)
<b>0A-389-05</b> 10:50-11:00	Universalization of rapid MDR-TB testing is associated with more rapid initiation of optimal patient therapy M Tovar, E Ramos, T Valencia, A Valencia, Y Cortez, J Sandoval, J Agreda, C Evans (Peru)
<b>0A-390-05</b> 11:00-11:10	The drug-resistant TB treatment gap and treatment initiation delays in South Africa: impact of Xpert® implementation  H Cox, L Dickson-Hall, N Ndjeka, A Grant, A Van't Hoog, W Stevens, J Workman, M Nicol (South Africa, UK, Netherlands)
<b>0A-391-05</b> 11:10-11:20	Emergence of additional resistance during standardized MDR-TB treatment M Mphahlele, R M Warren, E Streicher, M Van Der Walt, P Van Helden, K Jacobson (South Africa)
<b>0A-392-05</b> 11:20-11:30	An assessment of site readiness of hospitals in South Africa to decentralize MDR-TB services M Mphahlele, A Peters, J Pienaar, N Ndjeka, J Farley (South Africa, USA)
<b>0A-393-05</b> 11:30-11:40	Variations in and risk factors for drug-resistant tuberculosis in sub-Saharan Africa: a systematic review and meta-analysis G Yiga (Uganda)
<b>0A-394-05</b> 11:40-11:50	A rifampicin-resistant diagnosis on Xpert® frequently leads to initiation of a weakened standardized MDR-TB regimen

K Jacobson, M Barnard, M Buckley, E Streicher, T Dolby, L Scott, A Van Rie, R M Warren (USA, South Africa)

#### COMMUNICATIONS ORALES 12 ► 10:30-12:00 ► BALLROOM EAST - CTICC •••



11:50-12:00

Discussion

#### TB-MDR: IMPACTS DE LA DÉTECTION ET DU TRAITEMENT PRÉCOCE

PRÉSIDENT(S): Enos Masini (Kenya), James Cowan (États-Unis) - THÈME: Soins et traitement de la TB résistante aux médicaments, y compris les essais

prio ios ossais	
<b>0A-387-05</b> 10h30-10h40	Résultat d'une recherche de contacts familiaux de cas index de TB-MR dans deux régions d'Éthiopie N Demmelash, Dj Dare, Mr Nigussie, I Jemal Abdulahi, T Kebede, M Aseresa Melese, Dr Habte, Y Haile, P G Suarez (Éthiopie, États-Unis)
0A-388-05	Impact d'une intervention mixte publique-privée sur la détection de la TB-MR à Karachi (Pakistan) : expériences issues de l'Initiative Xpert®
10h40-10h50	Wm Awan, A Zaidi, A Malik, S Khowaja, U Khan, C Jacob, H Hussain, A Khan (Pakistan, Singapour, Émirats Arabes Unis, Suisse)
OA-389-05	L'universalisation d'un test rapide de détection de la TB-MR est associée à un démarrage plus rapide
10h50-11h00	d'un traitement optimal M Tovar, E Ramos, T Valencia, A Valencia, Y Cortez, J Sandoval, J Agreda, C Evans (Pérou)
OA-390-05	Le manque de traitements contre la TB pharmaco-résistante et les retards de démarrage du traitement
11h00-11h10	en Afrique du Sud : impact de la mise en place de Xpert® H Cox, L Dickson-Hall, N Ndjeka, A Grant, A Van't Hoog, W Stevens, J Workman, M Nicol (Afrique du Sud, Royaume-Uni, Pays-Bas)
OA-391-05	Émergence d'une nouvelle résistance au cours du traitement standardisé contre la TB-MR
11h10-11h20	M Mphahlele, R M Warren, E Streicher, M Van Der Walt, P Van Helden, K Jacobson (Afrique du Sud)
OA-392-05	Évaluation de la capacité des hôpitaux en Afrique du Sud pour la décentralisation des services de lutte
11h20-11h30	contre la TB-MR M Mphahlele, A Peters, J Pienaar, N Ndjeka, J Farley (Afrique du Sud, États-Unis)
OA-393-05	Variations et facteurs de risque de la tuberculose pharmaco-résistante en Afrique subsaharienne :
11h30-11h40	revue systématique et méta-analyse G Yiga (Ouganda)
OA-394-05	Le diagnostic de la résistance à la rifampicine par Xpert® conduit fréquemment au démarrage
11h40-11h50	d'un schéma anti-TB-MR standardisé plus faible K Jacobson, M Barnard, M Buckley, E Streicher, T Dolby, L Scott, A Van Rie, R M Warren (États-Unis, Afrique du Sud)
11h50-12h00	Discussion

<sup>🞧</sup> Simultaneous English/French/English translation is provided for this session - Une traduction simultanée anglais/français/anglais est assurée pour ces séances.



#### LATENT TB INFECTION IN HIGH- AND LOW-BURDEN SETTINGS

CHAIR(S): Robert Makombe (South Africa), Jonathan Golub (USA) - TRACK: Latent TB infection (LTBI)

0A-395-05 Early biomarkers associated with progression of latent tuberculosis infection to clinically active disease:

10:30-10:40 a longitudinal cohort study

N Rakotosamimanana, V Richard, V Raharimanga, Tm Doherty, B Gicquel, A Zumla, V Rasolofo Razanamparany

(Madagascar, France, UK)

0A-396-05 Understandings of tuberculous infection, TB disease and isoniazid preventive therapy

10:40-10:50 in KwaZulu-Natal, South Africa

J Boffa, M Mayan, S Ndlovu, R Cowie, R Sauve, D Wilson, D Fisher (South Africa, Canada)

0A-397-05 Optimal testing choices for latent tuberculosis infection in high-risk populations in a low incidence country:

10:50-11:00 a latent class analysis strategy

S Ghosh, M Johnson, D Katz, G Fanning-Dowdell, R Punnoose, C Ho, J Stout (USA)

OA-398-05 High completion rate for 12 weekly doses of isoniazid and rifapentine as treatment for latent tuberculosis

11:00-11:10 infection in the Bureau of Prisons, USA

M Lobato, S Lang, L Sosa, S Wheeler, S Bur, N Kendig (USA)

0A-399-05 Implementation of QuantiFERON®-TB Gold In-Tube test for diagnosing latent tuberculosis among newly

11:10-11:20 diagnosed HIV-infected patients in South Africa

J Golub, L Lebina, C Qomfu, S Chon, S Cohn, K Masonoke, E Variava, N Martinson (USA, South Africa)

0A-400-05 Expected outcomes of serial testing with interferon-gamma release assays in North American health care

11:20-11:30 workers: a Markov model

A Zwerling, M Moses, A Cattamanchi, C Denkinger, N Banaei, S Kik, D Dowdy, M Pai (USA, Netherlands, Canada)

0A-401-05 National roll-out of LTBI screening in England

11:30-11:40 M Loutet, D Zenner (UK)

0A-402-05 A population-based cohort study of trends in BCG effectiveness against tuberculosis with time since vaccination

11:40-11:50 **in Norway** 

P Nguipdop-Djomo, E Heldal, K Rønning, I Cappelen, L Rodrigues, I Abubakar, P Mangtani (UK, Norway)

11:50-12:00 **Discussion** 

#### ORAL ABSTRACT SESSION 14 ► 10:30-12:00 ► AUDITORIUM II



# FROM SPECIMENS TO OUTCOME: NEW INFORMATION FOR MOLECULAR DIAGNOSIS

CHAIR(S): Joseph Nikisi (Zambia), Kenneth Castro (USA) - TRACK: TB diagnostics, including molecular methods

0A-403-05 Diagnostic accuracy of the Xpert® MTB/RIF cycle threshold level to predict smear positivity in respiratory

10:30-10:40 samples: a systematic review and meta-analys

B Lange, Me Balcells, R Blakemore, N Lemaitre, Jj Palacios, J Teo, G Theron, K Kranzer (Germany, Chile, South Africa, UK)

0A-404-05 Implementation of Xpert® MTB/RIF under India's National TB Control Program

10:40-10:50 S Dhawan, S Mannan, A Sangwan, S Chadha, A Sreenivas, C N Paramasivan, Ks Sachdeva, N Kulshreshta (India,

Switzerland)

0A-405-05 Triplicate versus single sputum samples improves sensitivity for efficacy determination in studies

10:50-11:00 of anti-tuberculosis regimens

A Diacon, E Van Brakel, N Lounis, P Meyvisch, B Van Baelen, T De Marez, E Jenkins, B Dannemann

(South Africa, Belgium, USA)

0A-406-05 The impact of routine Xpert® MTB/RIF on empirical TB treatment in Cape Town, South Africa

11:00-11:10 S Hermans, J Caldwell, R Kaplan, R Wood (South Africa)

OA-407-05 Preservation of sputum samples with cetylpridinium chloride for tuberculosis cultures and Xpert® MTB/ RIF

11:10-11:20 in low-income countries

H Hiza, B Doulla, M Sasamalo, F Mhimbira, J Hella, L Jugheli, L Fenner (Tanzania, United Rep., Switzerland)

0A-408-05 Development of a multiplex real-time PCR assay for detection of Mycobacterium tuberculosis

11:20-11:30 from sputum collected in PrimeStore MTM®

L Daum, Sa Worthy, Jd Rodriguez, R Peters, B Fourie, G Fischer (USA, South Africa)

0A-409-05 The effect of automated nucleic acid amplification assays on mortality in routine care settings: meta-analysis

11:30-11:40 of individual participant data

A Khaki, G Di Tanna, K Fielding, G Theron, M Nicol, K Dheda, G Churchyard, J Metcalfe (USA, UK, South Africa)

OA-410-05 A pilot proficiency testing program for Xpert® MTB/RIF using dried tube specimens

11:40-11:50 K Klein, K Degruy, C Hatcher, H Alexander (USA)

11:50-12:00 **Discussion** 



#### WHEN WAVES TRUMP PAPER: THE TRIUMPH OF E-TECHNOLOGY

CHAIR(S): Si Thu Aung (Myanmar), Farai Mavhunga (Namibia) - TRACK: Advancing the End TB strategy and other policy issues

OA-411-05	Patient networking for TB Care using mobile technology: care of 'I Decide' mApplication

10:30-10:40 T Kizhakkeparampil Thomas, S Kumar, J Yakubu, S Pulibanti (India)

#### 0A-412-05 A sustainable model of effective private provider engagement via e-health and free TB drugs, Mehsana District,

10:40-10:50 **Gujarat, India, 2014** 

P Dave, P Nimavat, K Patel, B Vadera, K Rade, P Dewan, A Sreenivas, N Kulshreshta (India)

#### 0A-413-05 E- and m-Health solutions for national TB programmes to track missing cases

10:50-11:00 S Achanta, J Jaju, C Chatla, R Samyukta, M Parmar, Ks Sachdeva, A Sreenivas (India)

#### 0A-414-05 99DOTS: monitoring and improving TB medication adherence using mobile phones and augmented packaging

11:00-11:10 A Cross, M Kumar, P Soren, K Rade, A Sreenivas, S Kumar, B Thomas, P Dewan (India, USA)

## **0A-415-05 GxAlert SMS improves DR-TB patient enrollment and management in Nigeria**11:10-11:20 K Jimoh Agbaiyero, L Ekbladh, M Benezet, J Takle, C Macek (Nigeria, USA, Switzerland)

#### 0A-416-05 57 Zone: using social media in China to empower TB patients for treatment success

11:20-11:30 X Lin, X Xu, Z Yu, W Zhang, Z Huang, L Ling, G Nie, A Innes (China, Thailand)

#### 0A-417-05 Tuberculosis case finding at pharmacies in Tanzania using trained pharmacists and an electronically

11:30-11:40 monitored referral system

F Mhimbira, J Hella, B Mutayoba, B Doulla, E Mahongo, J Minde, L Fenner (Tanzania, United Rep., Switzerland)

#### 0A-418-05 Novel package of integrated mobile applications reduce time to treatment initiation for patients with MDR-TB

11:40-11:50 J Farley, J Mckenzie-White, S Seiguer, M Naicker, L Isherwood, F Olsen, S Candy, W Stevens (USA, South Africa)

11:50-12:00 **Discussion** 

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#### FROM BENCH TO TREATMENT

CHAIR(S): Helen McIlleron (South Africa), Digby Warner (South Africa) - TRACK: Drug-sensitive TB care and treatment, including trials

OA-419-05	Fluoroquinolone use delays tuberculosis treatment despite immediate mycobacteriological tests

13:30-13:40 J-Y- Wang, C-H Lee (Taiwan)

#### 0A-420-05 In-patient wards as a source of missed pulmonary tuberculosis cases: a case study in Ethiopia

13:40-13:50 D Assefa Lemma, G W Desalgn, E Klinkenberg (Ethiopia)

#### 0A-421-05 Diagnostic barriers among newly diagnosed pulmonary TB patients in Kyrgyzstan: patient delay

13:50-14:00 Ch Zhumalieva, A Estebesova, M Ryspekova, D Madybaeva, A Tursynbayeva, N Usenbaev, C Kamarli, S Verver (Kyrgyz

Republic, Kazakhstan, Netherlands)

#### 0A-422-05 Genetic determinants of the pharmacokinetic variability of isoniazid and rifampicin in Malawian adults

14:00-14:10 with pulmonary tuberculosis

A Mccallum, A Schipani, A Owen, H Mwandumba, S Ward, S Khoo, G R Davies, D Sloan (Malawi, UK)

#### 0A-423-05 Assessment of the sustained anti-tuberculosis activity of clofazimine after stopping treatment in mice

14:10-14:20 R Swanson, N Ammerman, J Adamson, C Moodley, A Dorasamy, S Modley, L Bester, J Grosset (USA)

#### 0A-424-05 Pharmacokinetics of first-line anti-tuberculosis drugs in children with tuberculosis

14:20-14:30 with and without HIV co-infection

A Kwara, A Enimil, H Yang, F Gallani, A Dompreh, A Orstin, L Wiesner, S Antwi (USA)

#### 0A-425-05 Tuberculosis among Individuals presenting with community-acquired pneumonia to an emergency room

14:30-14:40 at a referral hospital in Gaborone. Botswana

J Gersh, Z Feldman, E Greenberger, H Friedman, A Chandra, T Lere, M Haas, A Ho-Foster (USA, Botswana)

#### 0A-426-05 Rapid turnaround leads to better care: designing country solutions for effective data exchange

14:40-14:50 J Takle (USA)

14:50-15:00 **Discussion** 



#### **DES ESSAIS AU TRAITEMENT**

PRÉSIDENT(S): Helen McIlleron (Afrique du Sud), Digby Warner (Afrique du Sud)
THÈME: Soins et traitement de la TB sensible aux médicaments, y compris les essais

0A-419-05 L'usage des fluoroquinolones retarde le traitement de la tuberculose

13h30-13h40 malgré des tests mycobactériologiques immédiats

J-Y- Wang, C-H Lee (Taïwan)

0A-420-05 Les services hospitaliers sources de cas manqués de tuberculose pulmonaire : étude de cas en Éthiopie

13h40-13h50 D Assefa Lemma, G W Desalgn, E Klinkenberg (Éthiopie)

0A-421-05 Obstacles au diagnostic chez des patients atteints de TB pulmonaire nouvellement diagnostiquée au Kirghizstan :

13h50-14h00 le délai-patient

Ch Zhumalieva, A Estebesova, M Ryspekova, D Madybaeva, A Tursynbayeva, N Usenbaev, C Kamarli, S Verver (Kirghizistan,

Kazakhstan, Pays-Bas)

0A-422-05 Déterminants génétiques de la variabilité pharmacocinétique de l'isoniazide et de la rifampicine chez des adultes

14h00-14h10 atteints de tuberculose pulmonaire au Malawi

A Mccallum, A Schipani, A Owen, H Mwandumba, S Ward, S Khoo, G R Davies, D Sloan (Malawi, Royaume-Uni)

0A-423-05 Évaluation de la persistance de l'activité antituberculeuse de la clofazimine après l'arrêt du traitement

14h10-14h20 chez la souris

R Swanson, N Ammerman, J Adamson, C Moodley, A Dorasamy, S Modley, L Bester, J Grosset (États-Unis)

0A-424-05 Pharmacocinétique des médicaments antituberculeux de première ligne chez les enfants tuberculeux

14h20-14h30 avec ou sans co-infection par le VIH

A Kwara, A Enimil, H Yang, F Gallani, A Dompreh, A Orstin, L Wiesner, S Antwi (États-Unis)

0A-425-05 La tuberculose chez des patients se présentant au service des urgences d'un centre hospitalier de Gaborone

14h30-14h40 (Botswana) pour une pneumonie communautaire

J Gersh, Z Feldman, E Greenberger, H Friedman, A Chandra, T Lere, M Haas, A Ho-Foster (États-Unis, Botswana)

0A-426-05 Des délais plus courts pour de meilleurs soins : trouver des solutions au niveau national pour un échange

14h40-14h50 **de données efficace** J Takle (États-Unis)

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14h50-15h00 **Discussion** 

#### ORAL ABSTRACT SESSION 17 ► 13:30-15:00 ► ROOF TERRACE



#### TB & NCD CO-MORBIDITY

CHAIR(S): Matthew Coghlan (Singapore), Helen Ayles (Zambia) - TRACK: TB and diabetes/TB and other non-HIV comorbidities

0A-427-05 Glycemic control and risk of tuberculosis among diabetic patients: a cohort study

13:30-13:40 P-H- Lee, H Fu, T Lai, H-H- Lin (Taiwan, UK)

0A-428-05 Screening for diabetes mellitus in tuberculosis patients: who should be prioritized?

R Koesoemadinata, S Mcallister, N Rahmadika, P Santoso, R Ruslami, P Hill, R Van Crevel, B. Alisjahbana (Indonesia,

New Zealand, Netherlands)

0A-429-05 High burdens of medical co-morbidity and drug toxicity on the Category II retreatment regimen in Malawi

13:50-14:00 D Cohen, K Mbendera, W Malwafu, S Greenwood, E Joekes, L Corbett, G R Davies, S B Squire (Malawi, UK)

0A-430-05 Tuberculosis and diabetes in Southern Uganda

14:00-14:10 S Annette (Uganda)

0A-431-05 Diabetes in patients with tuberculosis in Africa: to test or not to test?

14:10-14:20 N Boillat Blanco, Lt Minja, C Schindler, R Kaushik, S Gagneux, C Daubenberger, K Reither, N Probst-Hensch (Tanzania,

United Rep., Switzerland)

0A-432-05 Sputum culture conversion of diabetes/tuberculosis patients compared to age, sex and disease-matched patients

14:20-14:30 without diabetes in Virginia

S Heysell, D Staley, D Dodge, S Keller, E Houpt, J Moore (USA)

0A-433-05 Associations between tuberculosis and hyperglycaemia in Zambia, Southern Africa

14:30-14:40 SI Bailey, S Floyd, Y John Y., P Godfrey-Faussett, H Ayles (UK, Zambia)

**OA-434-05 Exploring the association between TB and diabetes** F Pearson, M Pearce, R Mcnally, N Unwin, J Critchley (UK)

14:50-15:00 **Discussion** 

#### TB IN CHILDREN: DIAGNOSIS PREVENTION AND BEST PRACTICE

CHAIR(S): Andrea Cruz (USA), Anneke Hesseling (South Africa) - TRACK: TB in children

<b>0A-435-05</b> 13:30-13:40	Underdetection of TB exposure among children admitted to a tertiary hospital in Botswana T David, A Steenhoff, L Mazhani, A Ho-Foster, T Mazhani, T Arscott-Mills (Botswana, USA)
<b>0A-436-05</b> 13:40-13:50	Focused Point-of-Care Ultrasound (FASH) for diagnosis of childhood tuberculosis S Bélard, E Banderker, W Isaacs, L Bateman, J Munro, T Heller, M Grobusch, H Zar (Germany, Netherlands, South Africa)
<b>0A-437-05</b> 13:50-14:00	Piloting upfront Xpert® MTB/RIF testing on various specimens under programmatic conditions for the diagnosis of TB and DR-TB in a paediatric population N Raizada, Ks Sachdeva, S Swaminathan, A Sreenivas, S Kulsange, C Boehme, C Paramasivan (India, Switzerland)
<b>0A-438-05</b> 14:00-14:10	Bacteriological response to treatment in children with intrathoracic tuberculosis E Walters, M Van Der Zalm, A-M- Demers, C Bosch, H S Schaaf, M Palmer, R Gie, A Hesseling (South Africa)
<b>0A-439-05</b> 14:10-14:20	Implementation of a multi-level intervention to improve isoniazid preventive therapy for child TB contacts in South Africa K Du Preez, L Du Plessis, J Caldwell, V Azevedo, E Mhlope, A Hesseling (Zimbabwe, South Africa)
<b>0A-440-05</b> 14:20-14:30	Diagnostic yield of Xpert® MTB/RIF assay and Mycobacterium tuberculosis culture on respiratory and non-respiratory specimens among Kenyan children Song Rinn, E Click, K Mccarthy, W Mchembere, E.o Okeyo, J Orwa, S Musau, K Cain (USA, Kenya)
<b>0A-441-05</b> 14:30-14:40	Risk factors for tuberculosis disease in pediatric TB contacts identified during a TB Reach contact tracing project in Swaziland P Swamy, R Golin, P Ustero, K Ngo, J Glickman, B Mzileni, M Hlatshwayo, A Mandalakas (USA, Swaziland)
<b>0A-442-05</b> 14:40-14:50	The power of visual data across a multinational integrated pediatric HIV-tuberculosis program R Puttagunta, K Ngo, A Mandalakas (USA)
14:50-15:00	Discussion

## ORAL ABSTRACT SESSION 19 ► 13:30-15:00 ► BALLROOM EAST - WESTIN



#### TOBACCO: ECONOMICS AND ILLICIT TRADE

CHAIR(S): Elif Dagli (Tu	urkey), Jean Tesche (Bosnia and Herzegovina) - TRACK: Tobacco control
<b>0A-443-05</b> 13:30-13:40	Preference for buying cigarettes in packs or loose: a cross-sectional study among male smokers in Chennai city P Saravanan, Mk Parangimalai Diwakar (India)
<b>0A-444-05</b> 13:40-13:50	Raising taxes on tobacco products by effective advocacy with government officials R Mahajan (India)
<b>0A-445-05</b> 13:50-14:00	Advocacy at top level resulted in tax increase on tobacco products in Madhya Pradesh B Sharma (India)
<b>0A-446-05</b> 14:00-14:10	India's single cigarette economy: a back of the envelope assessment of its volume and size R Thakur, P Lal, A Pandey (India)
<b>0A-447-05</b> 14:10-14:20	Socio-economic and environmental determinants of tobacco products consumption: a case study of Pakistan N Arshad, B Wasim, Ak Chandio (Pakistan)
<b>0A-448-05</b> 14:20-14:30	A closer look at 'illicit' white cigarettes H Ross, N Vellios, K Clegg Smith, J Cohen (South Africa, USA)
<b>0A-449-05</b> 14:30-14:40	Pricing strategies for electronic nicotine delivery systems: gateway or deterrent? C Cherukupalli (USA)
<b>0A-450-05</b> 14:40-14:50	Smokeless tobacco consumption among adolescents: a global epidemiological perspective I Agaku, L Ayo-Yusuf (USA, South Africa)
14:50-15:00	Discussion



#### IAP, PNEUMONIA, ASTHMA AND CHRONIC LUNG DISEASE

CHAIR(S): Asma El Sony (Sudan), Charles Feldman (South Africa) - TRACK: COPD, asthma and other lung health

Does 'Ringland' improve air quality and health in Antwerp? Health impact assessment of a predicted air pollution change by covering the Antwerp Ring

D Van Brusselen (Belgium)

0A-452-05 Change over time in peak expiratory flow among workers exposed to polyvinyl chloride dust

13:40-13:50 H Lawin, P Ayelo, V Hinson, J Kagima, B Fayomi (Benin, Kenya)

0A-453-05 Asthma control rates in Burundi: preliminary study of 183 cases

13:50-14:00 F Ndikumwenayo (Burundi)

0A-454-05 Sequelae following successful treatment of multidrug-resistant tuberculosis patients under

14:00-14:10 the national programme in India

R Singla, Mana Mallick, N Singla, Sush Munjal (India)

0A-455-05 Is monitoring CO2 an acceptable surrogate for rebreathed air volume assessment?

14:10-14:20 C Morrow, W Bryden, C Call, R Wood (South Africa)

0A-456-05 High burden of respiratory morbidity among individuals treated for recurrent tuberculosis in Southern Africa

14:20-14:30 J Metcalfe, S Makumbirofa, R Penaloza, T Vu, P Hopewell (USA)

0A-457-05 The Cooking And Pneumonia Study: successful implementation of electronic data capture in rural Malawi

14:30-14:40 with source document verification from the UK

W Weston, K Mortimer, J Smedley (UK)

0A-458-05 Obliterative bronchiolitis: a common cause of chronic lung disease in older adolescents

14:40-14:50 with vertically acquired HIV

J Rylance, S Desai, A Nair, G Mchugh, J Metcalfe, H Mujuru, K Kranzer, R Ferrand (UK, Zimbabwe, USA)

14:50-15:00 **Discussion** 

NOTES

# PREVENTING INFECTION AND TRANSMISSION OF TB IN HEALTH FACILITIES AND THE COMMUNITY

CHAIR: Max Meis (Netherlands) - TRACK: TB infection control		
EP-144-05	Transmission of multidrug-resistant tuberculosis among household contacts previously cured of tuberculosis in Delhi, India R Singla, N Singla, J Caminero Luna, D Behera, A Kumar, J Arora, M Varma Basil, R Sarin (India, Spain)	
EP-145-05	HCW screening L Anande, R Nanavare, V Chavan (India)	
EP-146-05	Tuberculosis outbreak among health care workers and trainees in a tertiary-care hospital in Pune, India A Basavaraj, D Kadam, Akhi Patil, A Chandanwale, V Mave, D Jain, A Deluca, R Bollinger (India, USA)	
EP-147-05	<b>Tuberculosis and latent tuberculous infection among health care workers in Kisumu, Kenya</b> J Agaya, C Nnadi, C Obonyo, V Obiero, V Lipke, E.o Okeyo, K Cain, J Oeltmann (USA, Kenya)	
EP-148-05	Occupational TB as measure of impact of TB infection control program G Volchenkov, P Jensen (Russian Federation, USA)	
EP-149-05	Strengthening and acceleratig the implementation of an integrated HIV-TB workplace response for health sector workers  D Elray, F Fayers, M T Mbatha, S Mabhele (South Africa)	
EP-150-05	Systematic review of the epidemiology of and programmatic response to TB in South African health care workers L Nicol, S Mehtar, K Dheda, S Adams, M Van Der Walt, M Osman (South Africa)	
EP-151-05	<b>Tuberculosis infection control: knowledge and attitudes among health workers in Uganda</b> E Buregyeya, E Mitchell (Uganda, Netherlands)	
EP-152-05	Transmission of tuberculosis in households in England M Lalor, L Anderson, E Hamblion, A Burkitt, J Davidson, I Abubakar, L Thomas (UK, Switzerland)	

E-POSTER SESSION 07 ► 12:30-13:30 ► POSTER AREA - HALL 3

# THE RAINBOW SESSION: TREATMENT VACCINATION, SURVEILLANCE OR TUBERCULOSIS AND EVERYTHING IN BETWEEN

CHAIR: Sebastian Gelderbloem (South Africa) - TRACK: TB outbreaks and contact investigation Clinical profile and outcome of extra-pulmonary tuberculosis: a 3-year study from south Kerala EP-153-05 J Cherian, J Subramoniyapillai, K Periasamy, P Dhayakar, P Sadasivanpillai (India) Risk factors of loss to follow-up and death among tuberculosis patients receiving treatment EP-154-05 in a resource-limited setting I Alobu, S Oshi, D Oshi, K Ukwaja (Nigeria) Predictors of mortality and immediate causes of death in hospitalized TB patients on the intensive phase of EP-155-05 treatment in Kigali University Teaching Hospital O Manzi, L Bitunguhari, J Clerinx (Rwanda, Belgium) Prevalence of non-tuberculosis mycobacteria in patients with suspicion of tuberculosis from high tuberculosis EP-156-05 burden country: prospective cohort study M Bonnet, Y Pho, J-P- Dousset, S Heng, S Godreuil, Ww Yew, S Kim Chamroeun, C Hewison (Switzerland, Cambodia, France) Abrupt decline in tuberculosis among foreign-born persons in the United States EP-157-05 B Baker, C Winston, Y Liu, A France, K Cain (USA, Kenya) Trends of tuberculosis treatment outcome following community involvement in an under-resourced setting: EP-158-05 the case of Bauleni compound, Lusaka, Zambia V Mfungwe, M Ota, Y Onoe, G Samungole, M Masaninga (Zambia) The duration of protection of infant BCG vaccination in England EP-160-05

P Mangtani, R Keogh, P Nguipdop-Djomo, L Trinder, L Rodrigues (UK)



#### HIGH-DEFINITION INSIGHTS INTO DRUG RESISTANT TUBERCULOSIS

CHAIR: Shu-Hua Wang (USA) - TRACK: Drug resistance determination - molecular and phenotypic

- EP-161-05 Specific gyrA gene mutations predict poor treatment outcome in drug-resistant tuberculosis
  L Rigouts, N Coeck, G Gumusboga, Maug, Ma Hossen, H L Rieder, B De Jong, V D Armand (Belgium, Bangladesh, Switzerland)
- EP-162-05 Contribution of efflux pumps to rifampicin resistance in clinical isolates of M. tuberculosis
  A Narang, S Porwal, K Garima, A Bhandekar, K Shrivastava, R Prasad, M Bose, M Varma Basil (India)
- EP-163-05 Use of whole genome sequencing to identify mutations related to phenotypic resistance to delamanid and bedaquiline in *M. tuberculosis*A Cabibbe, S Battaglia, E Schena, E Borroni, P Miotto, D M Cirillo (Italy)
- EP-164-05 Characterization of resistance to rifampicin and isoniazid among Beijing Mycobacterium tuberculosis isolates in Kazakhstan

  U Kozhamkulov, A Akhmetova, V Bismilda, L Chingisova, A Akilzhanova (Kazakhstan)
- EP-165-05 Sequencing-based detection of rpoB gene mutations in Mycobacterium tuberculosis strains from Malawi
  T Chikaonda, I Kets, N Nguluwe, I Thengolose, F Nyakwawa, W Stevens, L Scott, M Hosseinipour (Malawi, South Africa)
- EP-166-05 Genetic markers of drug resistance and their association with clinical outcomes in patients with MDR-TB or XDR-TB

  J Limberis, E Pietersen, J Jaisubash Jayakumar G Theron, K Dheda, L Smith, R M Warren, T Clark (South Africa)
- EP-167-05 Whole genome sequencing reveals accumulation of single nucleotide polymorphisms (SNPs) associated with treatment failure

  L Malinga, J Brand, T Abeel, A Earl, M Van Der Walt (South Africa)
- EP-168-05 Use of DNA from AFB smears to perform high-throughput sequencing based surveillance for drug-resistant Mycobacterium tuberculosis in Afghanistan

  J Mancuso, M Rowneki, N Hamraz, P Du, G Davis, R Blakemore, D Alland, N Aronson (USA, Afghanistan)
- EP-169-05 Association between specific mutations conferring resistance to rifampicin and isoniazid and baseline resistance to other anti-tuberculosis drugs
  - E Click, E Kurbatova, H Alexander, T Dalton, J Ershova, P Cegielski, J Posey (USA)

**E-POSTER SESSION 09** ► 12:30-13:30 ► POSTER AREA - HALL 3



## BEHIND BARS: TB IN CORRECTIONAL SETTINGS - II

chair: Zohar Mor (Israel) - track: TB in vulnerable and special populations

- EP-171-05 Alarming rates of tuberculosis transmission in Brazilian prisons
  D Paião, E Lemos, M Pompilio, S Simionatto, A Motta-Castro, J Andrews, A Ko, J Croda (USA, Brazil)
- EP-172-05 Tuberculosis in prisons
  Clp Oliveira, Jl Da Silva, V Dos Santos, Es De Oliveira, Rs De Jesus, D Pelissari, D Chaves Kühleis, D Barreira (Brazil)
- EP-173-05 Tuberculosis screening in prisons in Rwanda: the potential impact of combining digital X-ray screening and Xpert® MTB/RIF in TB diagnosis

  E Ruseesa, G Mutembayire, J Muqabekazi, M Gasana (Rwanda)
- **EP-174-05** Characteristics, access to HIV care and tuberculosis treatment outcome of prisoners in Chiang Rai, Thailand CANCELLED
- EP-175-05 Contact investigations in congregate settings a key strategy for TB case finding and control: experiences from Lira prisons in Uganda

  E Kizito, P Donggo, M Kenneth, S Stavia, M Ruhweza, B Woldemariam, P G Suarez (Uganda, Ethiopia, USA)
- **EP-176-05 Bringing technology to prisons of low-income countries to end TB: the experience of Haiti**J May, K Duverger, M Bury, W Morose (USA, Haiti)
- EP-177-05 Prisons and tuberculosis: developing a prison-based tuberculosis support model in Zambian prisons N Sanjobo, O Simooya, L Lochting (Zambia, Norway)
- EP-178-05 A first insight into high prevalence of undiagnosed tuberculosis cases in Mbuji-Mayi Central Prison in DR Congo M Kazadi Nsenda, G Bakaswa, D Muteteke, M Boelaert, B De Jong (Congo Democratic Rep., USA, Belgium)

### THE NEGLECTED COUSINS: TRENDS AND TREATMENT OF NON-TUBERCULOUS MYCOBACTERIA

	IKEND	S AND TREATMENT OF NON-TUBERCULOUS MYCOBACTERIA
CHAIR:	Silvia Kelberl	t (Angola) - TRACK: TB diagnostics, including molecular methods
	EP-179-05	Identification and characterization of non-tuberculous mycobacterial infection among people living with HIV presenting with TB symptoms in Botswana J Basotli, T Agizew, K Radisowa, Z Rey, T Tamuhla, H Alexander, A Auld, A Finlay (Botswana, USA)
	EP-180-05	Profile of non-tuberculous mycobacteria patients in Brazil, 2012-2014  Nanc Saita, D Pelissari, F. Dockhorn, D Gomes Dell'orti, Fm Reis, R Ruy De Souza, P Bartholomay Oliveira, D Barreira (Brazil)
	EP-181-05	Rapid sps identification of NTM by molecular genetic assay from culture C Iravatham, Pras Chelluri, M Vijaykumar, D Mallikarjuna (India)
	EP-182-05	Characteristics and treatment outcomes of nontuberculous mycobacterial pulmonary disease in a mycobacterial disease reference clinic S Zweijpfenning, C Magis-Escurra, J Van Ingen, M Boeree, W Hoefsloot (Netherlands)
	EP-184-05	Non-tuberculous mycobacterial disease: reality in Lisbon F Teixeira Lopes, S Alfarroba, A Dinis, N Ribeiro, M Gomes, A Tavares (Portugal)
NOTES		



#### TART: TB RISK AND IMPACT OF ART

CHAIR: Annelies van Rie (USA) - TRACK: Drug-sensitive TB care and treatment, including trials

PC-914-05 Determining factors associated with occurrence of tuberculosis among adults living with HIV after initiation of antiretroviral treatment in Addis Abeba

K Kibret, Alem Yalew (Ethiopia)

PC-915-05 High rate of late incident tuberculosis among HIV-infected patients taking long-term antiretroviral therapy in Western India

A Dravid, M Kulkarni, C Saraf, S Kore, P Bhagwat (India)

PC-916-05 Incidence and risk factors for tuberculosis among HIV-infected children in India

A Kinikar, S Khadse, A Deluca, N Gupte, D Kadam, A Chandanwale, A Gupta, R Bollinger (India, USA)

PC-917-05 What drives the TB epidemic in Kenya: county TB profile

J Kiarie, D Mibei, B Langat, A Ronoh, D Nyangahu, R Muthee, E Mailu (Kenya)

PC-918-05 Epidemiology of tuberculosis among HIV-positives in Nepal

S Sah, G Bhatta, S Verma (Nepal)

PC-919-05 Antiretroviral therapy scale-up for TB reduction in rural Swaziland: how far will it take us?

B Kerschberger, I Zabsonre, G Mchunu, Mm Win, I Ciglenecki, L Rusike-Pasipamire, A Telnov, W Sikhondze (Swaziland)

PC-920-05 Seasonal variations in tuberculosis diagnosis in antiretroviral treatment programs in South Africa,

Zambia and Zimbabwe

M Ballif, S Reid, M Zwahlen, K Stinson, L Fenner, M Fox, H Prozesky, C Chimbetete, M Egger (Zambia, South Africa, Switzerland)

PC-921-05 Incidence and predictors of tuberculosis among HIV-infected adults after initiation of antiretroviral therapy,

Nigeria, 2004-2012

I Pathmanathan, Ek Dokubo, S Ray, D Onotu, S Odafe, I Dalhatu, H Debem, S Agolory (USA)

PC-922-05 The impact of AIDS treatment on tuberculosis outcomes at the national level in South Africa

Z Mclaren, A Sharp, E Brouwer, A Nanoo (USA, South Africa)

PC-923-05 Characterizing non-IRIS TB treatment among cART patients in Zambia

P Katayamoyo, N Chishinga, J Mukundu, L Nyirenda, P Kasonde, A Mwango, M Welsh (Zambia)

#### POSTER DISCUSSION SESSION 27 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### DRUG RESISTANT TB: OUTCOMES

CHAIR: Faiz Ahmad Khan (Canada) - TRACK: Drug-resistant TB care and treatment, including trials

PC-925-05 Shortening length of treatment in MDR-TB patients using a six-drug anti-tuberculosis regimen

Q Li, X Jiang, Kuny Yang, S Tang, J Q Liang, K Kan, L Li, L H Qiu (China)

PC-926-05 Residual efficacy of levofloxacin versus moxifloxacin against fluoroquinolone-resistant M. tuberculosis

murine infection

T Maitre, A Chauffour, C Bernard, A Aubry, N Veziris (France)

PC-927-05 Amplification to rifampicin resistance by not addressing isoniazid mono/polyresistance

under India's MDR-TB programme

M Parmar, Ks Sachdeva, S Balakrishnan, A Amar Shah, M Ghedia, F Sayyed Imran, R Ramachandran, A Sreenivas (India)

PC-928-05 High efficacy of the Peruvian XDR-TB regimen for culture conversion in programmatic conditions

V Alarcon, D Vargas, J Cabrera, D Vela Trejo, R Espinoza, J Diaz, J Cornejo, A Mendoza, A Valentina Antonieta,

A Mendoza-Ticona (Peru)

PC-929-05 Isoniazid, even at low dose, exerts some anti-tuberculosis activity against isoniazid-resistant Mycobacterium

tuberculosis in mice

R Swanson, N Ammerman, C Moodley, A Dorasamy, A Tapley, J Grosset, C Rodrigues, D Almeida (USA, India)

PC-930-05 Two-year survival in patients with XDR-TB from two provinces in South Africa

C Kvasnovsky, M Van Der Walt (UK, South Africa)

PC-931-05 Polymorphisms in the vitamin D receptor gene reduce the rate of sputum culture conversion

in multidrug-resistant tuberculosis patients in South Africa

M Magee, Y Sun, S Shah, S Allana, J Brust, Q Hui, T Mthiyane, N Gandhi (USA, South Africa)

#### DRUG RESISTANT TB: EPIDEMIOLOGY AND TRANSMISSION

chair: Charlotte Col	vin (USA) - TRACK: Drug-resistant TB care and treatment, including trials
PC-932-05	Primary transmission of drug-resistant tuberculosis in South Fly District, Western Province, Papua New Guinea S Hiasihri, A Honjepari, Aia Aia, L John, E Lavu, C Coulter, G Chan, D Paison (Papua New Guinea, Australia)
PC-933-05	Molecular characterization of MDR-TB and XDR-TB strains among tuberculosis patients in Chad Gw Ossoga, A Ba Diallo, R Ngandolo, A Thiam, F Gehre, I Ndoye, B De Jong, A Gaye-Diallo (Chad, Senegal, Belgium)
PC-934-05	The timeline of developing MDR-TB among contacts of MDR-TB patients, 2009-2012, Taiwan P-C- Chan, Ch Liu, Yh Huang, Hy Tsai, K-F- Wang, P-H- Lee, C-H Chen (Taiwan)
PC-935-05	Whole-genome sequencing to delineate transmission of multidrug-resistant tuberculosis in Shanghai, China: a cross-sectional study C Yang, Tao Luo, Xin Shen, Jie Wu, Jian Mei, K Deriemer, Z'an Yuan, Q Gao (China, USA)
PC-936-05	Resistance characteristics and hierarchical cluster analysis in multidrug-resistant tuberculosis in Estonia CANCELLED
PC-937-05	Mycobacterium tuberculosis lineage is more strongly associated with MDR-TB infection than treatment history in the Republic of Georgia N Bablishvili, N Tukvadze, N Bzekalava, S Sengstake, I Bergval, S Alba, R Anthony, R Aspindzelashvili (Georgia, Netherlands)
PC-938-05	Drug resistance patterns in a North East Indian state through a line probe assay laboratory functioning in PPM mode  M Mawlong, K Ranee, G Singh, M Puthenchirayil, V Sameer, Tomi Thomas, P Varghese (India)
PC-939-05	Drug-resistant tuberculosis in Turkmenistan: results of the first nationwide survey  M Durdyeva, S Tomasova, B Karriyeva, M Dara, H Hoffmann, M Zignol, P De Colombani, A Dadu (Turkmenistan, Denmark, Germany, Switzerland, Moldova)
PC-940-05	<b>TB</b> drug-resistant patterns of new multidrug-resistant TB cases in Moscow S Borisov, S Safonova, E Belilovsky, I Danilova (Russian Federation)
PC-941-05	Ongoing multidrug-resistant tuberculosis transmission in Ghanzi district, Botswana, 2012–2014 C Modongo, D Mbatshi, A Finlay, R Boyd, J Oeltmann, E Click, P Moonan, N Zetola (Botswana, USA)

#### POSTER DISCUSSION SESSION 29 ► 12:30-13:30 ► POSTER AREA - HALL 3



◆ LTBI TESTING, PERCEPTIONS AND EPIDEMIOLOGY			
снаік: Keertan Dheda (South Africa) - ткаск: Latent TB infection (LTBI)			
PC-942-05	Tuberculin skin testing and QuantiFERON TB Gold In-Tube to indicate the treatment of latent tuberculosis infection in people living with HIV J Souza, Mds Evangelista, Jp Toledo, F. Dockhorn, A Trajman (Brazil)		
PC-943-05	Optimization of latent tuberculosis screening for new refugees in Canada L Delmar, D Fisher, N Hajjar, J Jarand, S Field, H Gardiner (Canada)		
PC-944-05	Risk predictors for developing tuberculosis among adult tuberculosis contacts P-C- Chan, Yh Huang, M-J- Lu, P-H- Lee, Cb Hsu, K-F- Wang, C-H Chen (Taiwan)		
PC-945-05	Therapeutic education in latent tuberculous infection: analysis of patients' and relatives' needs and proposal of a list of competences to acquire S Le, A Artebasse-Medjahed, Anne Rouault, C Brahmy, A. Bozize, C Guillet Caruba, O Bourdon, F Doucet-Populaire (France)		
PC-946-05	Correlates of adherence to latent tuberculous infection therapy in children A Cruz, J R Starke (USA)		
PC-947-05	Effect of age and gender on risk of latent tuberculous infection in household contacts: Kampala, Uganda and Vitoria, Brazil  M Gaeddert, E Jones-López, J Ellner, N Hochberg, T Tsacogianis, L White, R Dietze, I Ayakaka (USA, Brazil, Uganda)		
PC-948-05	Age and gender distribution of latent tuberculous infection cases in a household contact study, India S Sarkar, P Fernandes, S Lakshminarayanan, R Kubiak, R Horsburgh, R Thanjavur, J Ellner, N Hochberg (USA)		
PC-949-05	Patient perceptions prior to LTBI screening at primary care in Newham, London S Ikram, H Kunst (UK)		



#### **COLLABORATIVE SERVICES FOR TB & DIABETES**

CHAIR: Samson Haumba (Swaziland) - TRACK: TB and diabetes/TB and other non-HIV comorbidities

PC-950-05 A case-control study of the differences in serum IFN- and IL-10 levels in tuberculosis-diabetes comorbidity patients and their controls

L Yuan, X Xiao, C Chen, Q Shu, WI Jiang, B Xu, Q Zhao (China)

PC-951-05 Integrated care for tuberculosis, HIV and diabetes in four public hospitals in two regions of Ethiopia
Di Dare, N Demmelash, T Anteneh, I Jemal Abdulahi, Dr Habte, M Aseresa Melese, P G Suarez, G Sangiwa (Ethiopia, USA)

PC-952-05 Prevalence of diabetes mellitus among TB patients and impact of diabetes on treatment outcome: a field-based study under the program setting in India
R Thakur, Nisa Ahmed (India)

PC-953-05 TB and DM linkages campaigns: how beneficial is screening the people attending camps? A Madhab, S Chadha, S Burugina Nagaraja, S Satapathy (India)

PC-954-05 Addressing TB-DM comorbidity in an urban setup: experience from Delhi, India Ashw Khanna, P Kumar, S Chandra, B Neeti (India)

PC-955-05 High rates of previously known but poorly controlled diabetes among TB patients in Lima, Peru C Ugarte-Gil, R Van Crevel, F Pearson, D Moore (Peru, Netherlands, UK)

PC-956-05 Mitochondrial mutations in diabetes and isoniazid treatment of tuberculosis L Wangh, A Osborne, J.a. Sanchez, K.c. Hayes (USA)

PC-957-05 Chronic cavitary pulmonary aspergillosis is a common complication of pulmonary tuberculosis: results of a cross-sectional survey

I Page, N Onyachi, C Opira, J Opwonya, S Hosmane, S Sawyer, R Sawyer, M Richardson, D Denning (UK)

#### POSTER DISCUSSION SESSION 31 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### SPATIAL EPIDEMIOLOGY OF TUBERCULOSIS

CHAIR: Mirjam Bakker (Netherlands) - TRACK: TB epidemiology

PC-958-05 A spatial analysis of gender differentials in tuberculosis in the Amazonas State, Brazil, 2013
A Belchior, M Yamamura, M Popolin, M Santos Neto, Mcc Garcia, A Queiroz, Acv Ramos, R Arcencio (Brazil)

PC-959-05 Spatial distribution of tuberculosis cases in São Carlos, SP, Brazil, between 2008 and 2013
S Protti, A Pereira Biffi Fusco, T Ferraz De Araújo Alecrim, A Alessandra Dos Reis, R Arcencio, Pfp Pedro Fredemir Palha, M Yamamura (Brazil)

PC-960-05 An approach for spatial cluster identification of tuberculosis using surveillance data D Roth, S Mak, M Otterstatter, J Wong, V Cook, J Johnston (Canada)

PC-961-05 Creation of geospatial datasets for the TB control program and linking it with the patient management information system
A Khanna, D Kundu, K Rade, T Bhowmick (India)

PC-962-05 Spatial and temporal TB notification rates among districts in Malawi: how should we interpret this?

Bg Belaineh, I Dambe, K Mbendera, F Kassa, A Anne Mwenye, J Mpunga (Malawi)

PC-963-05 Early success in community contact investigation within a 50 metre radius of an index tuberculosis case in urban Pakistan: a before and after intervention

R K Fatima. E Qadeer, A Yagoob, A Kumar, S Majumdar, Hema Shewade, Mehb Hag (Pakistan, India, Australia)

PC-964-05 Innovative GIS based screening for tuberculosis contacts in household and community contacts in Pakistan: how effective?

R K Fatima, E Qadeer, Mehb Haq, A Yaqoob (Pakistan)

PC-965-05 Spatial distribution and cluster analysis of extensively drug-resistant tuberculosis in KwaZulu-Natal, South Africa T Kapwata, N Morris, T Mthiyane, P Mpangase, P Moodley, J Brust, N Gandhi, S Shah (South Africa, USA)

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#### THE GAME OF NUMBERS: PREVALENCE AND INCIDENCE OF TUBERCULOSIS

PC-966-05	Prevalence and incidence of smear-positive pulmonary tuberculosis in the Hetosa District of Arsi 2	'one,

Oromia Regional State, Central Ethiopia

S Hamusse, M Demissie, Bern Lindtjorn (Ethiopia, Norway)

#### PC-967-05 Prevalence of Mycobacterium africanum in Ghana over an 8-year period

D Yeboah-Manu, A Asante-Poku, Id Otchere, S Osei-Wusu, E Sarpong, S Gagneux (Ghana, Switzerland)

#### PC-968-05 Findings from the First Malawi TB Prevalence Survey

R Banda, A Munthali, J Mpunga (Malawi)

#### PC-969-05 Life-time TB incidence in Cape Town exceeds that in New York City in the early 20th century,

**and continues to increase** S Hermans, R Wood (South Africa)

#### PC-970-05 Prevalence and incidence of tuberculosis among presumptive TB patients in Bagamoyo, Tanzania:

a prospective cohort study

F Mhimbira, K Ibrahim, J Hella, Fe Haraka, E Mfinanga, L Jugheli, F Lwilla, K Reither (Tanzania, United Rep., Switzerland)

#### PC-971-05 Prevalent tuberculosis detected by active case finding among adults in the community in Ca Mau, Viet Nam

Ta Nguyen, P Nguyen, Nhung, B H Nguyen, K H Tran, J Ho, G J Fox, G Marks (Viet Nam, Australia)

#### PC-972-05 Gender ratios in tuberculosis prevalence and patient diagnostic rates in low- and middle-income countries:

a systematic review and meta-analysis

K Horton, P Macpherson, R Houben, R White, L Corbett (UK)

#### POSTER DISCUSSION SESSION 33 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### MOLECULES, POLYMORPHISMS AND RESISTANCE TO TB

CHAIR: Susan Dorman (USA) - TRACK: TB epidemiology

PC-973-05	Standardized my	vcobacterial interso	persed repetitive	units-variable n	umber of tandem	repeat genotyping

of Mycobacterium tuberculosis in Taiwan

P-C- Chuang, R Jou (Taiwan)

PC-974-05 Polymorphisms in the STAT4 gene and tuberculosis susceptibility in Chinese Han people

Q Wu, Yi Ji, Can Wu, Yu Wang, Qing He (China)

PC-975-05 Genetic polymorphisms of glutathione S-transferase P1 and the incidence of anti-tuberculosis drug-induced

hepatitis in a Chinese cohort

J He, Quan Wu, Yu Wang, Can Wu, Yi Ji (China)

PC-976-05 Key population for tuberculosis intensified case finding identified through national TB prevalence survey

Db Lolong, Os Simamarta, B Dwihardiani, M Farid, Lam Pangaribuan, A V Siagian (Indonesia)

PC-977-05 Trends of fluoroguinolone resistance in Mycobacterium tuberculosis mirror resistance trends among

community pathogens

S Shakoor, J Faroogi, K Jabeen, F Malik, R Hasan (Pakistan)

PC-978-05 Key genotypes of M. tuberculosis responsible for the spread of multi- and extensively drug-resistant disease

in the Sakha Republic, Yakutia

Mk Vinokurova, N.e. Evdokimova, G.i. Alekseeva, A.f. Kravchenko, E.d. Savilov, O.b. Ogarkov, S Zhdanova

(Russian Federation)

PC-979-05 WGS reveals genetic heterogeneity and suggests the role of selective bottleneck in defining the population

structure of Mycobacterium tuberculosis

M De Vos, P Black, E Louw, R Van Der Merwe, S Sampson, P Van Helden, R M Warren, P Arnab (South Africa)

PC-980-05 Treatment-based risk factors for tuberculosis drug resistance in Bolivia

A Flynn, J Carlos Mollinedo, C L Daley, A Faino, R Flick, E Casso, M Camacho De Colque (USA, Malawi, Bolivia)



#### THINKING BROADLY TO ADVANCE THE END TB STRATEGY

CHAIR: Chibuike Amaechi (Nigeria) - TRACK: Advancing the End TB strategy and other policy issues

PC-981-05 Tuberculosis drug kit implementation eases drug supply management in two regions of Ethiopia
M Weldeselassie, J Degu, H Tesfaye Molamo, Y Yiegezu Zegiorgis, Y Anteneh Kassie, S Negash, M Aseresa Melese,
P G Suarez (Ethiopia, USA)

PC-982-05 TB lacks space inside the Parliament of India: demands for a call for action to involve more parliamentarians both inside and outside Parliament

S Nayak, S Chadha, R Pathak, V Ghule, R Dayal, O Bera, P Mishra, A Das, P Mishra (India)

PC-983-05 Need to establish regulatory framework for TB notification
K Chopra, D Kundu, A Khanna, N Sharma, S Saini, Tj Padmini (India)

PC-984-05 Medical colleges role in notification of tuberculosis S Chandra, N Sharma, K Chopra, A Khanna, Tj Padmini (India)

PC-985-05 Targets vs. impacts: understanding the impact of the Global Fund's performance based funding modality in the Nepalese health care sector

K Dahal, R Khatri, S Khanal, S Baral, I Harper (Nepal, UK)

PC-986-05 Pakistan's National TB Control Program's response to the 'End TB' Strategy E Qadeer, B Khan, N Safdar, S-E Ottmani, Muba Ahmad (Pakistan, Morocco)

PC-987-05 Social drivers of TB in the context of an increasing burden of non-communicable diseases: evidence from South Africa
P Naidoo (South Africa)

PC-988-05 Use of regulatory action in tuberculosis control in New York City, 2011-2013

J Burzynski, R Oken, D Nilsen, M Robinson, R Acevedo, J Martinez, M Macaraig (USA)

PC-989-05 Generating sub-national estimates of the effectiveness of tuberculosis policy interventions to meet the post-2015 global TB targets

Z Mclaren, K Kate Schnippel (USA)



#### **FINANCIAL IMPACT OF TB**

CHAIR: Susan van den Hof (Netherlands) - TRACK: Advancing the End TB strategy and other policy issues

POSTER DISCUSSION SESSION 35 ► 12:30-13:30 ► POSTER AREA - HALL 3

PC-990-05 BRICS: cooperation and innovation towards tuberculosis elimination
C Oliveira Dantas, P Bartholomay Oliveira, A Torrens, D Pelissari, F Moherdaui, D Barreira (Brazil)

PC-991-05 Multi-channel fundraising mechanism demonstrated to reduce the economic burden of tuberculosis patients in China

Lx Wang

PC-992-05 Out-of-pocket expenditure on private health care providers among TB patients in Salem district, Kerala, India M Arulanantham, C Joltin, V Sameer, P Bhat, Tomi Thomas (India)

PC-993-05 Rural India paying more towards direct and indirect costs for pre-treatment evaluation of TB: expenditure analysis in rural and urban Pune
O Bera, M Chandge, S Kamble, B Pawar (India)

PC-994-05 The role of PPM team is key to the success of PPM implementation in East Jakarta: from theory to practice Yn Sumarli, I Kurniaty, Y Tahir, I Ibnu, D Setyawati, Yi Hiola, Mr Christian (Indonesia)

PC-995-05 Engagement of pharmacists to ensure TB commodity security for public sector TB patients in Kenya H Kalili, R Muthoka, B Mungai, E Masini (Kenya)

PC-996-05 Previous tuberculosis experience and its impact on household income: a historical analysis, South Korea, 1980 2012
C Hongjo, H Chung (Korea, Republic of)

PC-997-05 The use of incentives to accelerate tuberculosis case notification: current available knowledge reviewed L Blok, M Tijm, O Ramis, M Bakker (Netherlands, Spain)

PC-998-05 Impact of providing financial incentive to tuberculosis patients on treatment outcomes in a low-resource setting: implications for the End TB strategy

K Ukwaja, I Alobu, M Gidado, J Onazi (Nigeria)

PC-999-05 Impact of economic crisis on the incidence of tuberculosis in the city of Barcelona

A Prats-Uribe, Jp Millet, A Orcau Palau, Ja Caylà (Spain)

PC-1000-05 In Peruvian shantytowns, the financial impact of TB-related and catastrophic costs has not changed

over the past decade, despite changes in TB rates

Tom Wingfield, M Tovar, D Huff, D Boccia, R Montoya, E Ramos, J Lewis, C Evans (UK, Peru)

#### POSTER DISCUSSION SESSION 36 ► 12:30-13:30 ► POSTER AREA - HALL 3

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#### MOLECULAR DIAGNOSTICS: PITFALLS AND IMPROVEMENTS

CHAIR: Phoebe Nzombe (Zimbabwe) - TRACK: TB diagnostics, including molecular methods

PC-1001-05 Xpert® MTB/RIF for the diagnosis of smear-negative pulmonary TB in Ethiopia: can bleach concentration

increase detection of *M. tuberculosis*? Mt Jano, D Beyene, Ga Ayana (Ethiopia)

PC-1002-05 Xpert® MTB/RIF (CBNAAT): an initial analysis of errors, indeterminates and invalid results

P Desikan, S Dhawan, A Pauranik, S Mirza, S Mannan, A Sangwan, N Kulshreshta, M Pandey (India)

PC-1003-05 Rapid TB diagnosis using GeneXpert®: promising yet fragile?

N Rachmayanti, R Chandra, Bey Sonata, C Widaningrum, Da Riana, A Rukmana (Indonesia)

PC-1004-05 The outcomes of Xpert® MTB/RIF test scale-up in Kenya: machine utilization rates since installation

J Ogoro, E Masini, M Kamene, T Miura (Kenya, Japan)

PC-1005-05 Effect of sputum quality on microscopy and Xpert® MTB/RIF results in the detection

**of Mycobacterium tuberculosis** F Orina, M Mwangi, W Githui (Kenya)

PC-1006-05 Usefulness of the Xpert® MTB/RIF assay in gastric aspirates for the diagnosis of tuberculosis in adult patients

S Tahseen, C Schmotzer, Fm Khanzada, A Hussain, E Qadeer, W Aslam (Pakistan)

PC-1007-05 Comparison of the Xpert® MTB/RIF assay in bronchoalveolar lavage and gastric lavage samples

A Kumar, Ravi Mahat (Pakistan)

PC-1008-05 The use of national Xpert® MTB/RIF's cycle threshold (Ct) as an audit indicator for program

and laboratory performance

L Scott, K Schnippel, S Molapo, R Berhanu, L Berrie, A Van Rie, W Stevens (South Africa, USA)

#### POSTER DISCUSSION SESSION 37 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### RAPID DIAGNOSIS THE WORLD OVER

CHAIR: Leslie Enane (USA) - TRACK: TB diagnostics, including molecular methods

PC-1009-05 Evaluation of the use of Xpert® MTB/RIF to diagnose and treat MDR-TB under routine program conditions

in Botswana

R Boyd, L Kuate, T Kuebrich, C Modongo, T Lere, B Kgwaadira, H Cox, A Finlay (Botswana, South Africa)

PC-1010-05 Cost-effectiveness of the Xpert® MTB/RIF assay for tuberculosis diagnosis in Brazil

Mft Pinto, R Steffen, F Cobelens, S Van Den Hof, A Entringer, A Trajman (Brazil, Netherlands)

PC-1011-05 Modeling demonstrates that targeted use of Xpert® MTB/RIF is a cost-effective and affordable option for

tuberculosis diagnosis in Addis Ababa, Ethiopia

A Bika, Df Adhana, D Assefa Lemma, E Klinkenberg, S Blanco, I Langley (Ethiopia, UK)

PC-1012-05 Comparative performance and reproducibility of Xpert® in the diagnosis of TB in different geographical settings

in Kenya

W Githui, M Mwangi, F Orina (Kenya)

PC-1013-05 Countrywide roll-out of Xpert® MTB/RIF in Swaziland: the first three years of implementation

W Sikhondze, D Khumalo, T Dlamini, G Maphalala, H Albert, J Wambugu, Ss Ade, A D Harries (Swaziland, South Africa,

Switzerland, Benin, UK)

PC-1014-05 Use of Xpert® MTB/RIF to diagnose TB in reference-level mycobacteriology laboratory in Port-au-Prince, Haiti

A Duncan, M Mabou, P Christos, D Fitzgerald, W Morose, P Joseph, J.w. Pape, O Ocheretina (USA, Haiti)

PC-1015-05 GeneXpert® shortens time to treatment initiation for Latvian MDR-TB cases

H Stagg, P White, V Riekstina, A Cirule, J Brown, G Dravniece, E Adam, C Jackson (UK, Switzerland)

PC-1016-05 Use of GeneXpert® to support fully ambulatory treatment of TB in Kyrgyzstan

M Joncevska, G Kurbaniyazova, S Kalon, G Kalmambetova, T Mohr (Macedonia, Yugoslav Rep., Kyrgyz Republic)

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#### PHENOTYPES AND GENOTYPES: DECIPHERING RESISTANCE DEVELOPMENT

CHAIR: Timothy Rodwell (USA) - TRACK: Drug resistance determination - molecular and phenotypic

PC-1017-05	Molecular and phenotypic detection of fluoroquinolone resistance
	A Aubry (France)

- PC-1018-05 Slow recovery of Mycobacterium africanum-infected patients post-treatment in associated with high content of persistor-like bacilli in sputum

  L Tientcheu, A. Bell, N J Garton, J Sutherland, H Dockrell, B Kampmann, M R Barer (Gambia, UK)
- PC-1019-05 Clinico-immunological diagnostic criteria for the progression of multidrug-resistant tuberculosis A Alenova, E Berikova, B Toksanbaeva, D Sabazova (Kazakhstan)
- PC-1020-05 To ascertain the proportion of drug-resistant tuberculosis among people living with HIV in Abia State O Okorie, M Gidado, C Osakwe, E Ubochioma, V Ibeziako, G Akang, R Eneogu (Nigeria)
- PC-1021-05 Morphological characteristics of Mycobacterium tuberculosis strains failing to grow on 7H10 agar proportion drug susceptibility testing

  J Faroogi, K Jabeen, S Shafiq, S Ali, R Hasan (Pakistan)
- PC-1022-05 Resistance pattern, prevalence and predictors of fluoroquinolones resistance among multidrug-resistant tuberculosis patients

  N Ahmad, Amer Havat Khan, Syed Azhar Syed Sulaiman, Arsh Javaid (Malaysia, Pakistan)
- PC-1023-05 Profil de résistance aux antituberculeux de souches provenant de patients présentant une tuberculose pulmonaire ou extra-pulmonaire en 2012

  A Ba Diallo, A Thiam, My Fall Niang, A Ndiaye Diawara, S Lo, A Gaye Diallo (Senegal)
- PC-1024-05 Feasibility of molecular testing for drug resistance as part of a TB clinical trial screening protocol
  P Shete, H Nguyen, Nhung, TI Luu, N Hung, M Tran, H Phan, N Phuong, A Cattamanchi, P Nahid (USA, Viet Nam)

POSTER DISCUSSION SESSION 39 ► 12:30-13:30 ► POSTER AREA - HALL 3



# TUBERCULOSIS DRUG RESISTANCE AND SUSCEPTIBILITY TESTING IN A NUTSHELL

CHAIR: Amy Piatek (USA) - TRACK: Drug resistance determination - molecular and phenotypic

- PC-1025-05 Determinants of pulmonary tuberculosis among women in Afghanistan
  Sd Mahmoodi, M Seddiq, Mr Aloudal, M Mashal, S Sardar Mohammad, Ghul Qader (Afghanistan)
- PC-1026-05 Evaluation of the BACTEC MGIT 960 system for bedaquiline susceptibility testing of Mycobacterium tuberculosis G Torrea, N Coeck, C Desmaretz, T Van De Parre, T Van Poucke, N Lounis, B C De Jong, L Rigouts (Belgium)

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- PC-1027-05 The potential impact of up-front drug susceptibility testing on India's MDR-TB epidemic
  Ks Sachdeva, N Raizada, A Sreenivas, C Denkinger, C Paramasivan, S Kulsange, C Boehme, N Arinaminpathy
  (India, Switzerland, UK)
- PC-1028-05 Linezolid susceptibility of XDR-TB strains from Pakistan tested on the MGIT 960 system J Farooqi, K Jabeen, S Shafiq, R Hasan (Pakistan)
- PC-1029-05 Comparison of the MDR/XDR-TB Colour Test, Xpert® MTB/RIF, and MODS assays to diagnose rifampicin-resistant TB

  M Tovar, E Ramos, T Valencia, S Datta, R Montoya, R Montoya, Tom Wingfield, A Valencia, R Patrocinio, C Evans (Peru, UK)
- PC-1030-05 Exploring drug resistant tuberculosis profiles in the West Coast region of the Western Cape Province, South Africa

P Tshavhungwe, R M Warren, M Buckley, T Dolby, P Van Helden, J Simpson, K Jacobson, E Streicher (South Africa, USA)

- PC-1031-05 Direct comparison of spontaneously expectorated sputum with sputum expectorated following mouth wash with water or with chlorhexidine
  - C Kleinhans, M Hanekom, S Friedrich, A Venter, A Diacon (South Africa)
- PC-1032-05 Molecular testing for tuberculosis in the United States: implications for national surveillance L Armstrong, T Dalton, R Oatis, J Higashi, S Allen, M Pecha, A Starks (USA)

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#### FROM SAFETY TO SUPPLY-CHAIN: LET'S TALK LAB MANAGEMENT

CHAIR: Thomas Shinnick (USA) - TRACK: TB laboratory servi	vices: organisation and quality assurance
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PC-1033-05	Containment of Mycobacterium tuberculosis in a Class II B biosafety cabinet during routine operations
	G Daneau, E Nduwamahoro, K Fissette, P Rüdelsheim, D Van Soolingen, B De Jong, L Rigouts (Belgium, Netherlands)

PC-1034-05 Distribution and availability of essential tuberculosis diagnostic items in Amhara region, Ethiopia Mulu Alemneh, G Gebregeros, M Balew (Ethiopia)

PC-1035-05 Trends in the rate of follow up sputum smear examination and conversion rate among smear-positive pulmonary TB patients in two regions of Ethiopia

J Seid, N Demmelash, W Gebrekirstos, F Belachew, Z Dememew, Dr Habte, M Aseresa Melese, P G Suarez (Ethiopia, USA)

PC-1036-05 The effect of triage in improving sputum-positive case detection in crowded out-patient settings: experience of 164 primary health centres in Bihar

S Mugudalabetta, Ak Pandey, Lv Ramana Rao, S K Muthusamy (India)

PC-1037-05 The impact of seasonal factors on TB treatment loss to follow-up

A Mordovin, C Acosta, D Pashkevich, Serg Sterlikov, I Danilova, L Migliorini, M Dara (Russian Federation, Denmark)

PC-1039-05 The threat of human resource shortage to quality laboratory practice in Africa

T Maruta (Zimbabwe)

#### POSTER DISCUSSION SESSION 41 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### STEPPING UP PATIENT ACCESS AND SUPPORT

CHAIR: Carrie Tudor (South Africa) - TRACK: Patient-centred care

PC-1041-05	Enhancing accessibility and intensifying TB interventions with patient-centered care: BRAC experience
	S Munim, S Islam, M Siddigui, M Akramul Islam, M Rahman, K Hddin (Bangladesh)

PC-1042-05 Community based MDR-TB management: BRAC experience from Bangladesh
S Munim, S Islam, Makb Basher, M Siddiqui, M Akramul Islam, M.m. Rahman, S Sultana (Bangladesh)

PC-1043-05 Improved treatment adherence among patients by making them aware of their rights and responsibilities through the TB charter

T Laha, S Diwakar, V Sameer, P Bhat, Tomi Thomas (India)

PC-1045-05 Experiences of delivering long-term injectables during TB treatment in Malawi

D Cohen, M Phiri, H Banda, S B Squire, N Desmond, I Namakhoma (Malawi, UK)

PC-1046-05

Knowledge, attitudes and practices about home-based TB treatment support by community care workers

in a South African urban informal settlement
T Collings, A Von Delft, G Dhlomo, B Khatry-Chhetry, N Koen, K Wilson (South Africa)

PC-1047-05 Community involvement role in MDR-TB treatment in Tajikistan

A Ismayilov, A Trusov, O. Norov, P. Tabarov, M Sianozova, S. Odinaeva (Tajikistan, USA, Armenia)

PC-1948-95 Adherence to TB treatment among patients on supervised treatment approach in Tororo District CANCELLED

PC-1049-05 Implementation of tuberculosis directly observed treatment in Kampala, Uganda H Sempeera, E Buregyeya, A Kawooya (Uganda)

PC-1050-05 Equitable delivery and outcomes of tuberculosis treatment and care in the North West of England: analysis of North West TB Cohort Audit data

P Macpherson, S B Squire, P Cleary, C Wake, K Dee, M Woodhead, D Sloan, . On Behalf Of The North West Tb Coho (UK)

#### INSIDE THE BELLY OF THE BEAST: TB IN CORRECTIONAL SETTINGS

CHAIR: Harry Hausler (South Africa) - TRACK: TB in vulnerable and special populations

PC-1052-05	Tuberculosis control services in prisons: patient care and referral in Bangladesh
	K Uddin, M Siddiqui, D-U Mesbah, S Islam, K Khatun, A Islam, F Khanam (Bangladesh)

- Effectiveness of an entry screening program in the penitentiary sector in Georgia PC-1053-05 N Lomtadze, Z Avaliani, M Madzgharashvili, U Nanava (Georgia)
- RNTCP in prisons: special ACSM inputs in jails saved lives of vulnerable inmates in Chhattisgarh State, India PC-1054-05 G Mallick, M R Aggarwal, S Chadha (India)
- Xpert® MTB/RIF improves yield of bacteriologically confirmed TB in correctional services in Mozambique PC-1055-05 A Mondlane, I Manhiça, I Chirrime, C Mutaquiha, K Alberto, S Hassamo, L Nhocuana, H Hamene (Mozambique)
- High yield of mass screening for TB in police detention cells in Namibia PC-1056-05 N Ruswa, A Evard, K Amufufu, F Mavhunga, S S Nghoshi, J Ndahapele (Namibia)
- TB-HIV integration in Gauteng correctional facilities PC-1057-05 E Zishiri, G Lekubu, A Makhubela, L Page-Shipp, S Charalambous, G Gresak, V Chihota (South Africa)
- PC-1058-05 Systematic review of the epidemiology of and programmatic response to TB in prisons and inmates in South Africa
  - F K Mukinda, H Mahomed (South Africa) Tuberculosis control among prison population: what is the best approach?
  - H Kanyerere, Lc Chisuwo, A Dimba, R Banda, J Mpunga, L Kanyenda, H Banda, K Kamoto (Malawi)

POSTER DISCUSSION SESSION 43 ► 12:30-13:30 ► POSTER AREA - HALL 3

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PC-1059-05

### THE URBAN-RURAL DIVIDE: DIFFERENT PLACES, SIMILAR ISSUES

CHAIR: Andrew Codlin (Switzerland) - TRACK: TB in vulnerable and special populations

- Tuberculosis Control in the State of Sao Paulo, Brazil: big cities and urban risk groups V M Galesi, V Souza Pinto, S Fukasava, N K Komatsu, N Matsuda De Lima (Brazil)
- Community interventions and patient-centered activities in the Pacific coast of Colombia PC-1061-05 B Gutierrez, D Rodriguez, N Gil, E Varela, A Palacios, M Rondón ()
- TB literate villages: is this the way to garner politico-administrative support and empower marginal PC-1062-05 and vulnerable communities? O Bera, M Chandge, S Kamble, S Nayak, S Chadha, B Pawar (India)
- Training TB patients: a strategy for a better treatment adherence PC-1063-05 G Martelli, M Tadolini, E Vanino, P Viale, G Lombardi, S Ianniruberto, P Dalmonte, A Gramegna (Italy)
- Effectiveness of innovative TB case finding strategies to reach the unreached slum population PC-1064-05 in the urban areas in Nepal
  - S Baral, P Shrestha, S Khanal, S Kandel, M Pandey, B Lamichhane, M Puri (Nepal)
- Profile and determinants of unsuccessful tuberculosis outcome in rural Nigeria: PC-1065-05 implications for tuberculosis control K Ukwaja, S Oshi, I Alobu, D Oshi (Nigeria)
- Improving outcomes in a remote, low-resource tuberculosis DOTS program, East New Britain Province, PC-1066-05 Papua New Guinea, 2012-2013 D Ulaias, M O'reilly, B Pavlin (Papua New Guinea)
- Role of community-driven mobile clinics in the detection and management of smear-tositive PC-1067-05 tuberculosis in underserved areas in Sudan A Ali (USA)

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#### PAEDIATRIC TB: MDR

CHAIR: Simon Schaaf (South Africa) - TRACK: TB in children

PC-1068-05 Drug-resistant tuberculosis among extra-pulmonary samples in children at a national reference laboratory in India

A K Verma, Gavi Kumar, J Arora, R Singhal, Manp Bhalla, Vith Myneedu, R Sarin (India)

PC-1069-05 Drug resistant Mycobacterium tuberculosis among pulmonary samples from children at a reference hospital J Arora, A K Verma, Gavi Kumar, Manp Bhalla, R Singhal, R Sarin, Vith Myneedu (India)

PC-1070-05 Isoniazid monoresistance among culture-positive Mycobacterium tuberculosis from children aged 0-14 years in Pakistan: implications for preventive therapy

S Shakoor, F Malik, R Hasan (Pakistan)

PC-1071-05 To treat or not to treat? Outcomes of an observation programme for children with a DR-TB diagnosis not started on treatment in South Africa

M Loveday, Vb Sunkari, G Osburn, I Master, J Brust (South Africa, USA)

PC-1072-05 Children treated for drug- tuberculosis in academic hospitals differ from those treated in the provincial referral hospital, Gauteng Province, South Africa

M Van Der Walt, J Lancaster, N Ndjeka, Lind Erasmus, S Masuku, R Odendaal (South Africa)

PC-1073-05 Presentation and outcome of children with culture-confirmed isoniazid-resistant, rifampicin-susceptible tuberculosis

A Garcia-Prats, L Du Plessis, W Burger, Hr Draper, J Seddon, K Zimri, A Hesseling, H S Schaaf (South Africa, UK)

PC-1074-05 Assessment of treatment practices for pediatric drug-resistant tuberculosis in three provinces of South Africa S Smith, Lind Erasmus, B Moore, M Van Der Walt, R Odendaal, N Ismail, N Ndjeka, S Morris (USA, South Africa)

PC-1075-05 Predictors of unfavorable outcomes among children and adolescents with drug-resistant tuberculosis in three provinces in South Africa

D Burton, M Pinto, M Van Der Walt, S Smith, Lind Erasmus, B Moore (USA, South Africa)

PC-1076-05 Treating children for drug-resistant tuberculosis in Tajikistan with Group 5 medications
A Swaminathan, J Seddon, P Du Cros, S Quinnell, O Bobokhojaev, K West, Z Dusmatova, J Achar (UK)

POSTER DISCUSSION SESSION 45 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### PAEDIATRIC TB: TRAINING, BCG AND PHARMACOKINETICS

CHAIR: James Seddon (UK) - TRACK: TB in children

PC-1077-05 Capacity building program for doctors and health care workers increased the child TB case detection rate in Bangladesh

S Ahmed, A L Kabir, R Amin, Abid Mollah, Md Shahidullah, Ah Khan (Bangladesh)

PC-1078-05 Assessment of risk and benefit of BCG vaccine program in Taiwan Y-J- Shih, H-H- Lin (Taiwan)

PC-1079-05 The use of ethionamide and prothionamide in childhood tuberculosis
S Thee. A Garcia-Prats. P Donald. A Hesseling. H S Schaaf (Germany, South Africa)

PC-1080-05 Isoniazid hair concentrations in children with tuberculosis

V Mave, A Kinikar, N Gupte, A Kagal, H Horng, G Ramachandran, K Dooley, A Gupta (India, USA)

Pc-1081-05

Pharmacokinetics of rifampicin, isoniazid, pyrazinamide and ethambutol in South African infants at revised WHO-

recommended dosing guidelines

A Bekker, H S Schaaf, Hr Draper, L Van Der Laan, S Murray, L Wiesner, H Mcilleron, A Hesseling (South Africa, USA)

PC-1082-05 Impact of drug-resistant tuberculosis on the education outcomes of school children In the Northern Cape, South Africa

P Pholoholo (South Africa)

PC-1083-05 Treatment outcomes and tolerability of the revised WHO anti-tuberculosis drug dosages among children living in high HIV prevalence settings

M Nansumba., E Kumbakumba, P Orikiriza, Y Boum, N Kyomugasho, D Nansera, J Kiwanuka, M Bonnet (Uganda, France)

PC-1084-05 A theory-informed approach to identifying barriers to use of guidelines for diagnosis of childhood tuberculosis in health centers in Kampala, Uganda

A Katamba, J Ggita, I Ayakaka, P Turimumahoro, F Mugabe, M Sekadde, L Davis, A Cattamanchi (Uganda, USA)

PC-1085-05 Four-SNP NAT2 genotyping panel identifies slow but not rapid isoniazid metabolizer phenotype in Ghanaian children with tuberculosis

X Tang, A Dompreh, J Zhou, A Topletz, E Ahwireng, S Antwi, M Court, A Kwara (USA)

PC-1086-05 Do childhood TB guidelines provide optimal guidance to providers of child health services in the identification and management of childhood TB?

R Thetard, C Lijinsky, C Powell, K Sawyer (USA)

#### HARMFUL EFFECTS OF SECOND HAND SMOKE

CHAIR: Pranay Lal (India) - TRACK: Tobacco control

Pranay Lai (II	idia) - frack: lobacco control
<del>PC-1087-05</del>	Perception about health effects of passive smoking among young adults in Dhaka CANCELLED
<del>PC-1088-05</del>	Knowledge and perception about the health effects of passive smoking among young adults in Bangladesh: a cross-sectional study CANCELLED)
PC-1089-05	Comprehensive assessment and study on the results of the Tianjin Tobacco Control Act Gh Jiang, W Li, W Zheng, Zl Xu, Dz Wang, Yi Pan, Cf Shen, Xd Xue, Y Yang, Wd Shen (China)
PC-1090-05	Maternal active and passive tobacco smoking during pregnancy: a retrospective cohort study V Vivilaki, A Diamanti, M Tzeli, D Bick, E Patelarou, K Lykeridou, P Katsaounou (Greece)
PC-1091-05	<b>High prevalence of secondhand smoke: a major challenge to achieve a smoke-free community in Shimla</b> D Singh (India)
PC-1092-05	Hoshiarpur', a 'Total Tobacco Free City': a district headquarter city with comprehensive compliance with COTPA 2003 S Surila, R Gupta, Jasv Jasvir Singh Bains, S Goel (India)
PC-1093-05	Community-led tobacco control initiative combatting secondhand smoke at home in a North Eastern State, Tripura, India G Tripathi, Abhi Singh, R J Singh, P Tripathi (India)
PC-1094-05	Prevalence of exposure to smoking and indoor air pollution among the general population in 30 districts across 6 states of India S Pandurangan, S Mohanty (India)

POSTER DISCUSSION SESSION 47 ► 12:30-13:30 ► POSTER AREA - HALL 3

opposition: results from a national survey



PC-1095-05

#### MONITORING THE TOBACCO INDUSTRY: PROMOTION AND ADVERTISEMENTS

C Berg, M Topuridze, N Maglakelidze, L Sturua, M Shishniashvili (USA, Georgia)

Reactions to smoke-free policies in the Republic of Georgia and to messaging strategies in support and

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IAIR:	Fouad Aslam	(Pakistan) - TRACK: Tobacco control
	PC-1096-05	Tobacco control: a messed up agenda in India due to conflicts of interest Arch Phull (India)
	PC-1097-05	Assessment and implementation of prohibition of tobacco advertisement, promotion and sponsorship at point of sale in Delhi , India S Arora (India)
	PC-1098-05	Pan masala and mouth freshener surrogates for tobacco product advertisements in India? A Mangla (India)
	PC-1099-05	The first tobacco advertisement free point of sale state in India: the Kerala experience P Kumar (India)
	PC-1100-05	Compliance level of Section 6 A of COTPA to protect minors from tobacco in Karnataka, India: a cross-sectional study M P, P Poojary (India)
	PC-1101-05	Countering tobacco industry interference in government policy on bidi tax S V Itty (India)
	PC-1102-05	How good is compliance with legislative provisions on TAPS, protection of minors and pack warnings in Himachal Pradesh, India? R Sharma, R Thakur, R Badrel, R J Singh (India)
	PC-1103-05	Point-of-sale tobacco promotion and risk of smoking amongst youth: a meta-analysis L Robertson, C Cameron (New Zealand)
	PC-1104-05	Monitoring the tobacco industry's compliance with the Russian Federal Tobacco Control law in Krasnoyarsky k I Berezhnova, E Terskih, E Zeynalova, D Trufanov (Russian Federation)

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#### ENFORCEMENT OF SMOKE-FREE LEGISLATION

CHAIR: Tara Singh Bam (Singapore) - TRACK: To	obacco control
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PC-1105-05	Assessment of the establishment of smoke-free venues in national chronic disease demonstration areas
	and tobacco control activities

Ym Bai, Y Zhang, N Ji, Fan Mao, Shen Deng, Y Fan, Lh Wang, Jx Ma (China)

#### How capable is the health system of tobacco control through current policies PC-1106-05

G Chauhan (India)

#### Comparitive study on the enforcement of smoke-free legislation in Bengaluru Rural District, Karnataka PC-1107-05 M P, R J Singh, P Poojary, J Purushothama (India)

#### In-school prevention of tobacco use through life skills development: the super army model PC-1108-05 R Kadam (India)

#### District level administration can be a role model for countries in becoming smoke-free PC-1109-05 R Choudhary (India)

#### Does enforcement of smoke-free rules in hospitality venues harm tourism? A case study from three tourist PC-1110-05 states in India

R Thakur, P Lal, R J Singh (India)

#### **#Selasatanparokok (Tuesday without cigarettes)** PC-1111-05

Deli Putri Margiani, F Prawirakusumah (Indonesia)

#### PC-1112-05 Enforcement of smoke-free laws in public transport terminals in Metro Manila, Philippines, after the Sin tax law

MI Alzona, Lisa Wood (Philippines, Australia)

#### POSTER DISCUSSION SESSION 49 ► 12:30-13:30 ► POSTER AREA - HALL 3



#### STRATEGIES TO IMPROVE TB-HIV SCREENING AND SERVICE INTEGRATION

CHAIR: Virginia Azevedo (South Africa) - TRACK: HIV and TB co-infection

PC-1113-05	Enhancing integration of HIV testing into the TB control program in Taiwan
	W-T- Hsieh M-Y- Chiou P-H- Lee P-C- Chan S-L Yang Ch Hsu C-H Chen (Taiwan)

#### Progress in TB-HIV collaborative activities in the two regions of Ethiopia PC-1114-05 T Anteneh, Mr Nigussie, Dr Habte, Dj Dare, I Jemal Abdulahi, M Aseresa Melese, Y Haile, P G Suarez (Ethiopia, USA)

#### PC-1115-05 Road-map to effective community-centric TB-HIV collaboration: contribution of the NGO-consortium of India in **GF-supported TB project** S Mukhopadhyay, S Cornelius, B Samuel, M Jose, D Thuralayil Cherian, G Karapetyan (India, USA)

#### Uptake of partner testing among notified TB cases in Kenya in 2013 PC-1116-05

D Nyangahu, R Muthee, B Langat (Kenya)

#### The majority of TB cases among PLHIV in Lesotho are clinically diagnosed: START study baseline characteristics PC-1117-05 K Frederix, D O'connor, L Maama-Maime, S Saito, Y Hirsch-Moverman, B Pitt, A Howard (Lesotho, USA)

Improving antiretroviral therapy uptake for TB-HIV co-infected patients in Nkangala District, PC-1118-05 Mpumalanga Province M Sithole, J Zingwari (South Africa)

#### Performance of TB screening and testing in sub-populations of people living with HIV in Uganda PC-1119-05 F Semitala, C Yoon, J Katende, A Andama, P Byanyima, I Ayakaka, M Kamya, A Cattamanchi (Uganda, USA)

#### Improving antiretroviral therapy uptake among TB-HIV co-infected clients in care: lessons from quality PC-1120-05 improvement implementation in Kampala, Uganda

A Burua, E Mabumba, D Lukoye, M Kenneth, M Ruhweza, F Mugabe, B Woldemariam, P G Suarez (Uganda, Ethiopia, USA)

#### PC-1121-05 Factors related to sub-standard offer and documentation of HIV testing for persons with tuberculosis in a low-incidence, high-resource setting

R Bhavaraju, M Passannante, C Delnevo, E Pevzner, Mj Lewis (USA)

# **MEETINGS**

#### **UNION ADMINISTRATIVE MEETINGS**

#### **UNION SCIENTIFIC SECTION MEETINGS**

#### ATTENDEES: All members

The Union's scientific sections give members the opportunity to affiliate with others who share the same interests and collaborate on research, publications, and projects. One of their principal activities is to propose sessions and contribute to the planning of The Union World Conference on Lung Health, the largest annual conference focusing on lung health issues as they affect low- and middle-income populations. They also participate in the governance of The Union through the General Assembly.

Non-members are welcome to attend the section meetings to find out more.

07:45-09:00	ROOM
HIV	Auditorium II
12:00-13:30	ROOM
Tobacco Control	Sir F. Drake - Westin

#### **UNION REGION MEETINGS**

ATTENDEES: All conference delegates are encouraged to attend the meeting of their region

The Union is divided into seven regions to provide a platform to address lung health and related issues from a regional perspective. The structure offers members opportunities to network with colleagues who face the same regional challenges and contributes to The Union's deep understanding of local issues. All conference delegates (members and non-members) are encouraged to attend their region's meeting to share ideas for strengthening their region and turning The Union's vision of 'health solutions for the poor' into a reality at a local level.

12:15-13:15	ROOM	
Asia Pacific	MR 2.44-2.46	
Middle East	MR 2.64-2.66	
North America	MR 2.61-2.63	

#### INTER-REGIONAL MEETING

14:00-15:30 ► ROOM MR 1.43, MR 1.44

ATTENDEES: Region officers, Union Region and Country Office Directors, Bureau and Institute representatives

The Inter-regional meeting is held annually during the World Conference to bring together Union members from every region and representatives from The Union offices around the world to share ideas and best practice.

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#### SCIENTIFIC PROGRAMME COMMITTEE

(CCSA: SUB-GROUP 2)

18:30-20:30 ► BOARDROOM

ATTENDEES: CCSA Chair, programme Secretaries, Civil Society representative and Institute representative

#### **SIDE MEETINGS**

08:00 - 09:00 ► ROOM MR 1.41-1.42 ► MEETING OPEN TO ALL DELEGATES

#### **RESIST-TB ANNUAL MEETING**

#### COORDINATOR

Carly Rodriguez (USA)
CHAIRPERSON

C Robert Horsburgh Jr, Boston University, School of Public Health (USA)) This meeting is open to all and should be attended by anyone interested in learning about MDR-TB; clinical trials to improve the treatment of patients with MDR-TB; and other work of RESIST-TB to advance the MDR-TB treatment agenda. Sessions will cover: 1) clinical trials of MDR-TB currently underway and in the planning stage; 2) effect of GeneXpert on increasing MDR-TB diagnosis; 3) availability of new drugs for patients with MDR- and XDR-TB through Compassionate Use and Expanded Access.

10:00-11:30 ► ROOM MR 1.41-1.42 ► CLOSED MEETING

#### FRIENDS OF PAKISTAN

#### CHAIRPERSON

Ejaz Qadeer, NTP Pakistan (Pakistan) 'Friends of Pakistan' is an annual meeting of national and international partners, collaborating organisations and individuals working with the National TB control programme in Pakistan. The meeting provides opportunity to share progress, highlight challenges and identify in TB control in Pakistan, one of the top 10 TB high burden countries in the world.

NOTE2		



My space, your space, and our space

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

All activities take place in Hall 4B, except where otherwise noted. IMBIZO will be open from Wednesday, 2 December through Sunday, 6 December. This area is open to both delegates and non-delegates. Please drop by any time!

SATU	JRDAY, 5 DECEMBER ► 09:00 - 17:	30			
		FACILITATOR(S)	COORDINATOR(S)	ROOM	PAGE
09:00-10:00	Social media for advocacy.	ACTION		Hall 4B	
10:00-10:30	Guide for activists: Treatment Action Group (TAG)			Hall 4B	
10:30-12:00	Workshop C: Develop Photovoice Projects to engage your community.	TB Photovoice, ACTION and KANCO	Teresa Rugg (USA)	Hall 4B	170
12:00-12:30	Ending TB by 2030: the role of communities in accelerating the TB response.	EANNASO (Tanzania)		Hall 4B	
13:30-14:30	Symposium E: KYE/KYR: evidence to inform TB policies: a South African perspective.		Sicelo Diamani (South Africa), Salome Charalambous (South Africa)	Hall 4B	170
14:30-15:00	Stories from women who had TB in pregnancy.	JHPIEGO	••••••	Hall 4B	• • • • • • •
15:30-17:00	Symposium F: Partnerships between government and civil society to end TB and HIV in vulnerable populations in South Africa.		Harry Hausler (South Africa), Lerole David Mametja (South Africa)	Hall 4B	171
17:00-17:30	Recap of conference highlights.	••••••	Jody Boffa	Hall 4B	

## 0

#### TB PHOTOVOICE PROJECTS TO ENGAGE YOUR COMMUNITY

#### TRACK

Civil society / patient & community engagement

TRACK2

Patient-centred care

#### ORGANISED BY

TB Photovoice, ACTION and KANCO

DURATION

Full-day

MAX ATTENDEES

150

**MEETING TYPE** 

Open meeting

COORDINATOR(S)

Teresa Rugg (USA)

CHAIR(S)

Tbc - (France)

#### TARGET AUDIENCE

TB activists/advocates, project coordinators, programme managers, TB outreach workers

#### DESCRIPTION

This training will instruct participants to use Photovoice methods in TB affected communities to actively engage TB survivors in TB elimination efforts. Participants will gain communication skills and learn the process of how to implement Photovoice-based community mobilisation projects that will highlight the perspectives of people impacted by TB. Special emphasis will be placed on project outcomes reaching policy- and decision-makers

through social media and traditional media forms.

#### **OBJECTIVES**

- 1. Describe the goals of Photovoice in addressing tuberculosis
- 2. Explain the power, ethics and safety issues related to using cameras to document community issues
- 3. Explain the importance of cultivating TB stories and nurturing TB advocates
- 4. Use photographs and salient themes to reach policy- and decision-makers

#### EXPECTED OUTCOME

Participants will assess the potential of developing a TB Photovoice project in their local community; collaborate with TB Photovoice to develop a Photovoice project; use the Photovoice method to support people affected by TB and to inform policy- and decision-makers

#### **PRESENTATIONS**

- 1. Defining Photovoice; the importance of patient-centrred community mobilisation projects; use of cameras: power, ethics and safety issues Eva Moya (USA)
- 2. Illustration of successful TB Photovoice projects Teresa Rugg (USA)
- 3. Facilitating a Photovoice group to identify prominent themes Alice Opiyo (Kenya), Eva Moya (USA)
- 4. Community and policy-maker outreach techniques to amplify Photovoice themes Eva Moya (USA)
- 5. Discussion

SYMPOSIUM E ► SATURDAY, 05 DECEMBER ► 13:30 - 14:30 ► IMBIZO HALL 4B



#### KYE/KYR - EVIDENCE TO INFORM TB POLICIES: A SOUTH AFRICAN PERSPECTIVE

#### TRACK

TB epidemiology

#### TRACK2

HIV and TB co-infection

#### COORDINATOR(S)

Sicelo Dlamini (South Africa), Salome Charalambous (South Africa)

#### CHAIR(S)

Lerole David Mametja (South Africa), Alasdair Reid (South Africa)

#### TARGET AUDIENCE

- 1. Policy-makers
- 2. TB programme managers
- 3. Statisticians, epidemiologists, researchers

#### DESCRIPTION

Maintaining data management systems to record and report TB is expensive and time-consuming. Additional resources would be required to synthesise data, but this additional investment brings benefits, such as making available valuable information that will provide evidence for strategies that could be implemented. We aim to demonstrate how this additional investment could be of value to national programmes.

#### OBJECTIVES

- 1. To assess trends of the South African TB epidemic using routine programmatic and laboratory data
- 2. To demonstrate the use of routine data for assessing and providing evidence for programmatic challenges
- 3. To share difficulties/lessons learnt from conducting analysis of routine data

#### PRESENTATIONS

- 13:30 13:40 TB trends in South Africa over the years 2008–2014 Sicelo Dlamini (South Africa)
- 13:40 13:50 Analysis of clinically linked TB laboratory data to explore trends in TB and the impact of policy changes Nazir Ismail (South Africa)
- 13:50 14:00 Analysis of risk factors for poor outcomes (deaths and loss to follow up) using routine programme data Pranevum Naidoo (South Africa)
- 14:00 14:10 MDR-TB review of poor outcomes and predictors Norbert Ndjeka (South Africa)
- 14:10 14:20 Using routine TB data to assess the impact of the change in ART policy Mani Naicker (South Africa)
- 14:20 14:30 Discussion



# PARTNERSHIPS BETWEEN GOVERNMENT THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA AND CIVIL SOCIETY TO END TB AND HIV IN VULNERABLE POPULATIONS IN SOUTH AFRICA

#### TRACK

TB in vulnerable and special populations

#### COORDINATOR(S)

Harry Hausler (South Africa), Lerole David Mametja (South Africa)

#### CHAIR(S)

Mark Dybul (Switzerland), Yogapragasen Pillay (South Africa)

#### TARGET AUDIENCE

Policy-makers, TB programme managers, civil society, development agencies, clinicians, epidemiologists, researchers, academicians

#### DESCRIPTION

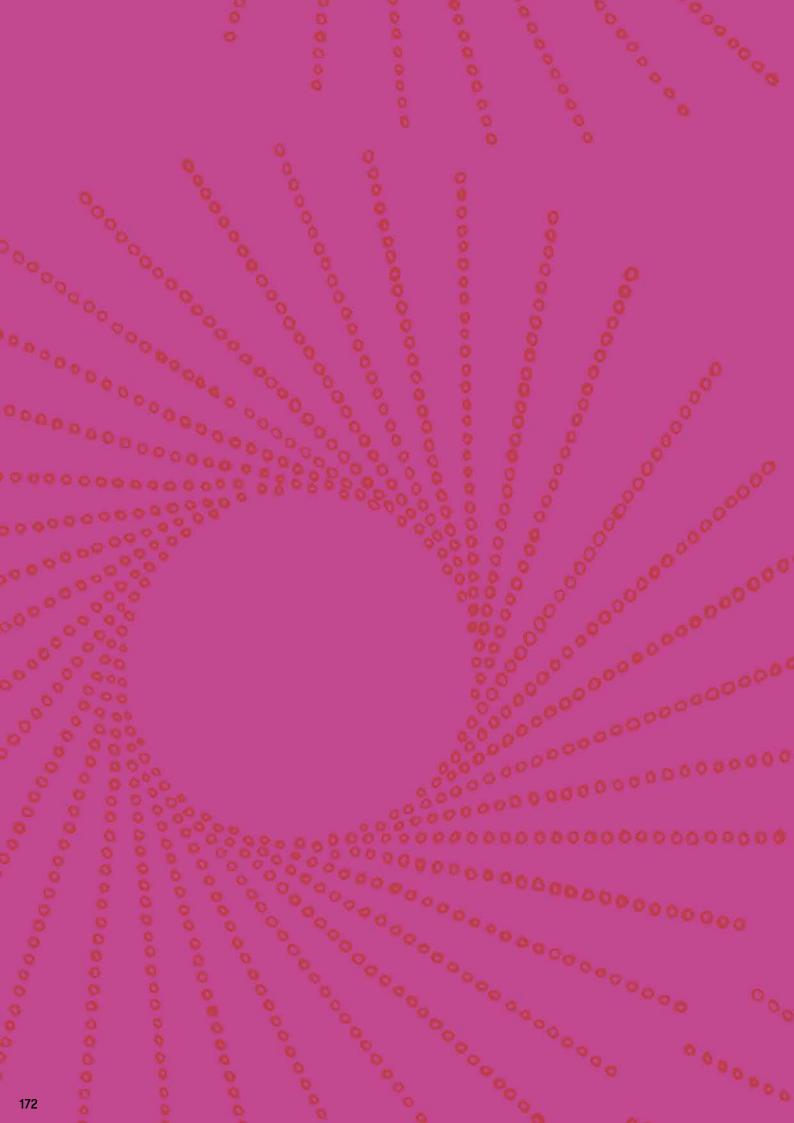
South Africa is the country with the highest incidence of TB and the largest number of people living with HIV in the world. Vulnerable populations for TB and HIV include miners, peri-mining communities, inmates in correctional facilities, sex workers and people who inject drugs. The post-2015 vision to end TB and HIV will require innovative strategies and strengthened partnerships to reach vulnerable populations with TB and HIV interventions. This session will explore the contribution of partnerships between government and civil society to end TB and HIV in vulnerable populations in South Africa.

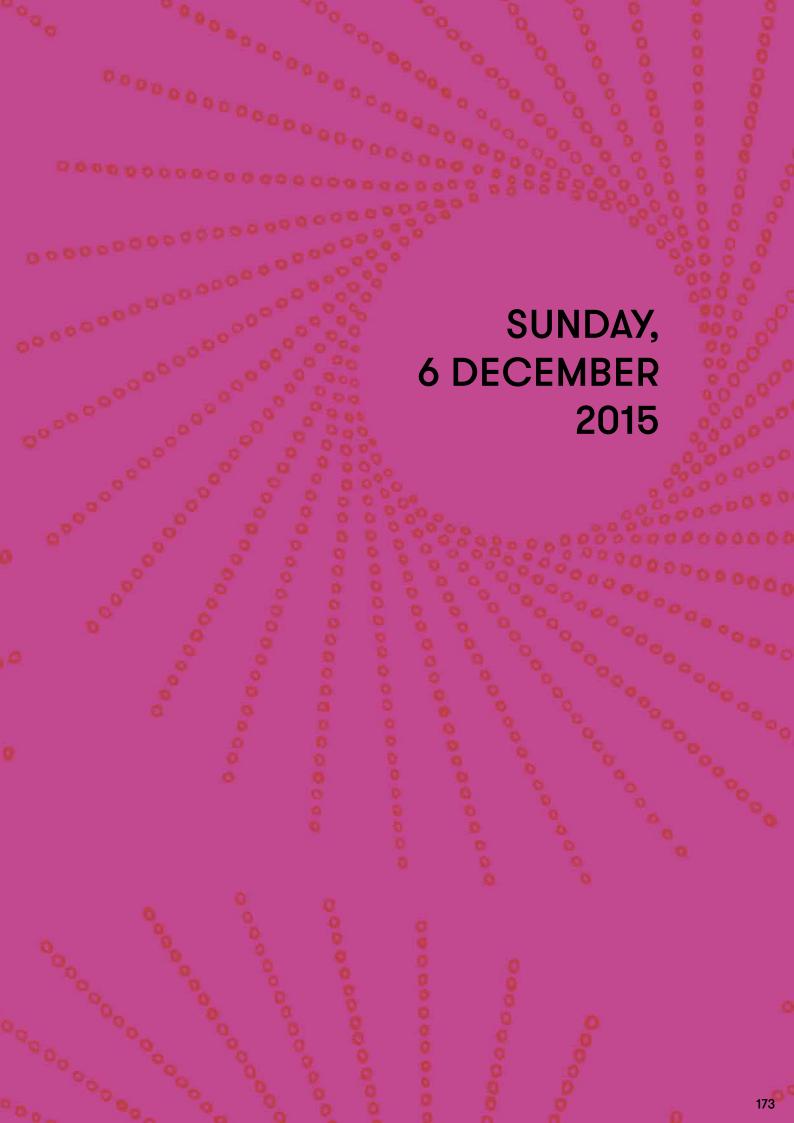
#### DRIECTIVES

- 1. To share lessons learned in TB and HIV prevention, screening, diagnosis, linkage to care and retention in care in vulnerable populations in South Africa
- 2. To demonstrate the impact of partnerships between government, the Global Fund to Fight AIDS, TB and Malaria and civil society to reach vulnerable populations with TB and HIV interventions
- 3. To provide evidence of the effectiveness of novel strategies to control TBand HIV in vulnerable populations

#### **PRESENTATIONS**

- 15:30 15:35 Opening remarks Yogapragasen Pillay (South Africa)
- 15:35 15:40 Global Fund support for the new End TB Strategy Mark Dybul (Switzerland)
- 15:40 15:50 Overview of South African Global Fund TB grant Lerole David Mametja (South Africa)
- 15:50 16:00 Mobilising field workers to perform intensified TB case finding in high riskperi-mine communities in South Africa Liesl Page-Shipp (South Africa)
- 16:00 16:10 Assessment of the mines for TB screening and screening of mine workers Barry Kistnasamy (South Africa)
- 16:10 16:20 Building capacity for enhanced infection control in correctional service settings Lucy Connell (South Africa)
- 16:20 16:30 TB and HIV prevention, case finding and linkage to care forinmates in correctional facilities and other key populations in South Africa Harry Hausler (South Africa)
- 16:30 16:40 Improving access to TB diagnosis in high risk populations in South Africa Leigh Berrie (South Africa)
- 16:40 16:50 Strategies to optimise community-based MDR-TB management Jason Farley (USA)
- 16:50 17:00 Discussion





# SUNDAY, **6 DECEMBER**

# PLENARY SESSION



09:00-10:00 ► AUDITORIUM I

# TAXING HEALTH-HARMING PRODUCTS AND CREATING HEALTH PROMOTION FUNDS: A WIN-WIN HEALTH STRATEGY FOR GOVERNMENTS

MODERATORS: Yussuf Saloojee (South Africa), José Luis Castro (France)

SPEAKERS:



Kaul Singh Thakur (India) is Minister of Health and Family Welfare, Law and Revenue, Government of Himachal Pradesh, India.

Mr Kaul Singh Thakur is Health, Revenue and Law Minister for the Indian state of Himachal Pradesh. He holds BA and LLB degrees from Punjab University and began his political career more than 40 years ago. In 1977 he was elected to the State Legislative Assembly and has been re-elected eight times. During his distinguished career, he has served in posts focusing state planning, health and family welfare, parliamentary affairs and law, irrigation and public health, law and justice and urban development. He became the Cabinet Minister wit portfolios of Health and Family Welfare, Revenue and Law in December 2012.

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Jeremias Paul (Philippines) is Undersecretary, Department of Finance, Government of the Republic of the Philippines.

Jeremias N Paul Jr has held various positions in the Department of Finance since 1990, including Assistant Secretary of the International Finance Group and Undersecretary of the Corporate Affairs Group. In 2005-2006, he served as Alternate Executive Director of the World Bank Group in Washington D.C. and spearheaded governance reforms in G-24 when the Philippines was Chair. Currently he heads the Domestic

Finance Group, leading the government initiatives to reform fiscal and tax systems, including the "Sin Tax Reform" law, which restructured the Philippine excise tax system for alcohol and tobacco products. Jun Paul is also an internationally recognized expert in corporate governance and energy and water sector reforms.



Luong Ngoc Khue (Vietnam) is the Director of VINACOSH.

Dr Luong Ngoc Khue is a well-known leader and policy-maker for Viet Nam's tobacco control programme. He is a medical doctor with a postgraduate degree in hospital management, who completed his PhD in 2005. He has been worked in Ministry of Health since the 1990s focusing on communicable disease control, health system reform and hospital management. He has been the Director General of Medical Service

Administration and the Director of Vietnam Smoking and Health Steering Committee Standing Office (VINACOSH) since 2011. Through his advocacy, the first comprehensive tobacco control law was passed in Viet Nam. He also succeeded in establishing a national tobacco control fund, which the Prime Minister assigned him to direct.

AWARD PRESENTATION ► SUNDAY, 6 DECEMBER ► 09:00-10:00 ► AUDITORIUM I

#### THE PRINCESS CHICHIBU MEMORIAL TB GLOBAL AWARD

Japan Anti-Tuberculosis Association (JATA))

The Princess Chichibu Memorial TB Global Award recognises outstanding contributions to global TB control.

# **CLOSING SESSION**



15:15-16:15 ► AUDITORIUM I

**CHAIR: José Luis Castro (France)** 

#### **RAPPORTEUR SESSION:**

Stacie C Stender, Chair, Coordinating Committee of the Scientific Activities (South Africa)

The Closing Ceremony includes the Rapporteur Session on the scientific highlights of the conference. This event also honours all those who have given their time and support in 2015, particularly the members of the Scientific Programme Committee, whose collaboration and commitment are so essential to the organisation of the conference and the quality of the scientific programme.

#### **SPEAKER: Yvonne Chaka Chaka (South Africa)**



**Yvonne Chaka Chaka** is an internationally recognised and highly respected South African singer, songwriter, entrepreneur, global health advocate and humanitarian.

Dubbed the "Princess of Africa," Yvonne Chaka Chaka has been at the forefront of South African popular music for 30 years. She was born in 1965 in Soweto and was the first black child to appear on South African television. Her debut album, made at the age of 18, sold 350,000 copies. As her music career took off, so did her humanitarian work. Throughout her

career, Chaka Chaka has used her music to raise awareness of and empathy for challenges facing people across South Africa and Africa. She has been a Goodwill ambassador for UNICEF, as well as other causes and created the Princess of Africa Foundation in 2006. Forbes magazine has ranked her one of the top 10 most influential celebrities in Africa.

#### AWARD PRESENTATION ► 09:00-10:00 ► AUDITORIUM I

#### THE UNION/OTSUKA YOUNG INNOVATOR IN TB RESEARCH AWARD

**The Otsuka Award** recognises young scientists who have demonstrated a commitment to advancing innovative thinking in tuberculosis (TB) research.

#### CLOSING RECEPTION ► SUNDAY, 6 DECEMBER ► 16:15-17:15 ► AUDITORIUM I

The Union invites all conference participants to join in the Closing Reception.

# MEET THE EXPERT SESSIONS

At these sessions, experts will meet with small groups of participants to discuss, face to face, the challenges and opportunities presented by working to promote lung health.

These sessions are free of charge for registered participants only.

The number of persons attending each session should not exceed 50. Registration for the 'Meet the expert' sessions is available on site, at the conference registration desk.

Participation will be on a first-come, first-served basis.

08:00 - 08:50 ► ROOM MR 2.44-2.46



#### 06. ADVOCACY AND ADVOCATES: WHAT IS IT? WHO ARE THEY?

Muyabala Munachitombwe-Muna (Swaziland), Evaline Kibuchi (Kenya)

Advocacy is a concept misunderstood by many players in the scientific field, yet an important ingredient in making progress in addressing barriers blocking achievements of targets in public health. It has also played a very pivotal role in bringing issues of public interest to decision makers and enable actions to be taken on these issues. TB Advocacy and Advocates aims at placing TB high on the political agenda, strengthen government commitment to implement or improve TB related policies, and increase and sustain financial and other resources for TB. As such TB Program Managers, civil society, and community based groups need to understand how to use advocacy for communication, social mobilization, and partnership formation to achieve a TB free world. This session will provide a platform for conference participants to meet TB Advocates to share experiences and good evidence based practices and strategic approaches to advocacy for TB.

08:00 - 08:50 ► ROOM MR 2.61-2.63



#### 07. TUBERCULOSIS INFECTION CONTROL

Virginia Lipke (Switzerland), Max Meis (Netherlands)

Several tools and checklists have been developed to monitor TB infection control implementation since the release of the WHO policy in 2009. Few have been field-tested on a meaningful scale and actually validated. In the Meet the experts session two 'IC practitioners' will discuss the comparative advantages and disadvantages of these tools. A validated and practical tool that has been developed and field-tested in several countries to measure compliance with TB infection control standards will be promoted and discussed. The tool can be used as a stand-alone tool or integrated into a more comprehensive quality-of-care tool or supervision tool. Copies will be available to the attendees.

08:00 - 08:50 ► ROOM MR 2.64-2.66



# 08. HIGHLIGHTS AND UPDATES OF DIAGNOSTIC RESEARCH FOR TUBERCULOSIS: WHERE ARE WE, WHAT NEXT?

Grant Theron (South Africa)

	<b>SYMPOSIA</b> ► 10:30 - 12:00				
		TRACK(S)	COORDINATOR(S)	ROOM	PAGE
53	Fighting TB in the post-2015 era: paradigm shift in strategies and plans to put an end to TB	Advancing the End TB strategy and other policy issues	Suvanand SAHU (Switzerland), Lucica Ditiu (Switzerland)	Auditorium I	180
53	La lutte contre la TB après 2015 : changement de paradigme dans les stratégies et plans visant à mettre un terme à la TB	Faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions	Suvanand Sahu (Suisse), Lucica Ditiu (Suisse)	Auditorium I	180
54	Critical updates on the treatment of TB-HIV co- infected children	TB in children	Anthony Garcia-Prats (South Africa), Helen McIlleron (South Africa)	MR 2.44-2.46	181
55	Why are DR-TB patients lost by TB programmes? Patients' perspective on how to address DR-TB treatment adherence	Patient-centred care	Alexander Golubkov (USA)	MR 2.61-2.63	181
56	The relationship between gender and specific tobacco products, tobacco consumption and inequalities	Tobacco control	Elif Dagli (Turkey), Amanda Amos (UK)	Ballroom East- Westin	182
57	The role of cost-effectiveness in achieving the End TB Strategy	Advancing the End TB strategy and other policy issues	David Collins (USA)	Ballroom West- Westin	182
58	Universal health coverage and insurance: how TB fits into the health financing picture	Advancing the End TB strategy and other policy issues	William Wells (USA)	Da Gama/Diaz- Westin	183
	<b>SYMPOSIA</b> ► 13:30 - 15:00				
59	· HIV/TB Late-Breaker Session		Anand Date (Union HIV section officer) Paula Fujiwara (The Union)	Auditorium I	184
59	Séance de « dernière minute » consacrée à la co- infection tuberculose-VIH		Paula Fujiwara (L'Union), Nathan Ford (Suisse)	Auditorium I	184
60	Moving past clinic-based care: practical steps to improve TB care through community engagement	Civil society / patient & community engagement	Andrew Codlin (Switzerland), Alberto Colorado (Mexico)	Ballroom East- CTICC	185
	Au-delà des établissements de soins : mesures pratiques pour améliorer les soins de la TB grâce à l'implication de la communauté	Implication de la société civile/des patients et de la communauté, faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions politiques	Andrew Codlin (Suisse), Alberto Colorado (Mexique)	Ballroom East- CTICC	185
	Progress in clinical trials for TB treatment: 2015	Drug-sensitive TB care and treatment, including trials	Andrew Vernon (USA), Sarita Shah (USA)	Roof Terrace	186
62	Innovative approach to improving access and quality of care for DR-TB: implementing the ECHO telehealth model	Drug-resistant TB care and treatment, including trials	Bruce Struminger (USA), Darivianca Laloo (Switzerland)	Auditorium II	186
63	See page 135				135
64	TB contact investigation in high-risk populations: innovative approaches and implementation experiences	TB outbreaks and contact investigation	Muluken Aseresa Melese (Ethiopia), Pedro Guillermo SUAREZ (USA)	Ballroom East- Westin	187
65	The XDR experience: clinician and patient perspectives on treatment and care	Drug-resistant TB care and treatment, including trials	Meera Senthilingam (UK), Elize Pietersen (South Africa)	Ballroom West- Westin	187

		TRACK(S)	CHAIR(S)	ROOM	P/
21	TB epidemiology: post and future insights into case finding, drug resistance and mortality	TB epidemiology	Ekaterina Kurbatova (USA), Lasu Hickson Joseph (South Sudan)	Ballroom East- CTICC	1
21	Epidémiologie de la TB : perspectives en matière de dépistage, de pharmaco-résistance et de mortalité	Epidémiologie de la TB	Ekaterina Kurbatova (États-Unis)), Lasu Hickson Joseph (Soudan du Sud)	Ballroom East- CTICC	1
0	RAL ABSTRACT SESSIONS > 13	:30 - 15:00			
22	The nature of the beast: emerging molecular information about mycobacteria	Basic science	Robin Warren (South Africa) Amy Piatek (USA)	Ballroom West- CTICC	1
23	· TB in children including MDR	TB in children	Simon Schaaf (South Africa), Anna Mandalakas (USA)	MR 2.44-2.46	1
24	. The wide swath of vulnerable populations	Civil society / patient & community engagement	Farai Mavhunga (Namibia), Kelly Curran (USA)	MR 2.61-2.63	1
25	Engagement of CSOs, communities and patients in TB management and control	Civil society / patient & community engagement	Muyabala Munachitombwe (Swaziland), Mike Frick (USA)	MR 2.64-2.66	1
26	Lung health: pneumonia, COPD, asthma and CF	COPD, asthma and other lung health	Guy Marks (Australia), Jean-William Fitting (Switzerland)	Da Gama/ Diaz - Westin	1
	SHORT ORAL ABSTRACT SESSION	ONS ► 10:30 - 12:00			
		TRACK(S)	CHAIR(S)	ROOM	P
01	. Across the spectrum of TB management	Drug-sensitive TB care and treatment, including trials	Grant Theron (South Africa), Evaline Kibuchi (Kenya)	Roof Terrace	1
02	. How to reach the END of TB	Advancing the End TB strategy and other policy issues	Jody Boffa (South Africa), Moses Kitheka (Kenya)	Auditorium II	1
03	. HIV and TB: snapshots	HIV and TB co-infection	Sabine Hermans (South Africa) Ya Diul Mukadi (USA)	Ballroom West- CTICC	1
04	. TB epidemiology: from Malawi to Taiwan	TB epidemiology	Keren Middelkoop (South Africa), Noela Chicuecue (Mozambique)	MR 2.41-2.43	1
05	. Training for the fight against TB	Drug-sensitive TB care and treatment, including trials	Rajita Bhavaraju (USA), Harriet Mayanja (Uganda)	MR 2.64-2.66	1
	E-POSTER SESSIONS ► 12:15 - 13	3:15			
		TRACK(S)	COORDINATOR(S)	ROOM	P/
11.	. M-health solutions	Advancing the End TB strategy and other policy issues	Evan Lee (Switzerland)	Poster Area Hall 3	1
12	. Pneumonia and indoor air pollution	Pneumonia in Children	Stephen M Graham (Australia)	Poster Area Hall 3	1
13	. Case finding and contact tracing	TB in vulnerable and special populations	Tope Adepoyibi (Australia)	Poster Area Hall 3	1
14	. Sniffing out TB: from nose to immunochemistry	TB diagnostics, including molecular methods	Thomas Scriba (South Africa)	Poster Area Hall 3	1
15	From TB diagnosis to outcomes, and everything in between	HIV and TB co-infection	Neil Schluger (USA)	Poster Area Hall 3	1

	TRACK(S)	CHAIR(S)	ROOM	PAGI
60. TB tidbits: diagnosis, surgery and outcomes	Drug-sensitive TB care and treatment, including trials	Charlotte Schutz (South Africa)	Poster Area Hall 3	198
51. M/XDR treatment: toxicity and stigma	Drug-resistant TB care and treatment, including trials	Martie van der Walt (South Africa)	Poster Area Hall 3	198
52. Community-based and self-administered treatment of drug-resistant TB	Drug-resistant TB care and treatment, including trials	Marian Loveday (South Africa)	Poster Area Hall 3	199
53. Infection control	TB infection control	Paul Jensen (USA)	Poster Area Hall 3	19
54. TB and nutrition	TB and diabetes/ TB and other non-HIV comorbidities	Anurag Bhargava (India)	Poster Area Hall 3	20
55. Molecular epidemiology and modelling: how can we break the cycle of transmission	TB epidemiology	Stella van Beers (Netherlands)	Poster Area Hall 3	200
56. Tibilisi to Lima: a journey through TB treatment outcomes	TB epidemiology	Jacqueline Firth (USA)	Poster Area Hall 3	20 <sup>.</sup>
57. When the tail wags the dog: drug resistence in TB programmes	TB epidemiology	Moses Kitheka (Kenya)	Poster Area Hall 3	20
58. Advancing the END TB strategy and other policy issues	Advancing the End TB strategy and other policy issues	Lucy Chesire (Kenya)	Poster Area Hall 3	20
59. Basic science: host	Basic science	Willem Hanekom (South Africa)	Poster Area Hall 3	20
00. Imagining and prediction rules for TB diagnosis	TB diagnostics, including molecular methods	Alice Christensen (South Africa)	Poster Area Hall 3	20
61. Alternative diagnostics for drug resistence	TB diagnostics, including molecular methods	Bruce Kirenga (Uganda)	Poster Area Hall 3	20
52. Insights into drug resistant tuberculosis from Ghana to Peru	Drug resistance determination - molecular and phenotypic	Nonkqubela Bantubani (South Africa)	Poster Area Hall 3	20
63. MDR-TB: detection, prevalence, and drivers	TB laboratory services: organisation and quality assurance	Helen Cox (South Africa)	Poster Area Hall 3	20
54. Patient-centered care and methods to improve treatment adherence	Patient-centred care	Kedibone Mdolo (South Africa)	Poster Area Hall 3	20
55. Why are you late? Delay in treatment access	Patient-centred care	Joseph Lou Kenyi (South Sudan)	Poster Area Hall 3	20
66. Gender issues in TB and tobacco	TB in vulnerable and special populations	Sylviane Ratte (France)	Poster Area Hall 3	20
67. The spectrum of life: miners, drug users, the elderly	TB in vulnerable and special populations	Salome Charalambous (South Afgrica)	Poster Area Hall 3	20
8. Paediatric TB: IPT, contact tracing and child perspectives	TB in children	Kobto G Koura (France)	Poster Area Hall 3	20
59. Paediatric TB: epidemiology - II	TB in children	Helena Rabie (South Africa)	Poster Area Hall 3	20
70. The 2 'Ts': linking TB and tobacco	Tobacco control	Essam Elmoghazy (Egypt)	Poster Area Hall 3	20
71. From old to new: chicha to e-cigarettes	Tobacco control	Gan Quan (China)	Poster Area Hall 3	20
72. Holding hands': high level cooperation on tobacco control	Tobacco control	Daouda Adam (Chad)	Poster Area Hall 3	20
73. IPT: attitudes, application, and adherence	HIV and TB co-infection	Neil Martinson (South Africa)	Poster Area Hall 3	20



#### FIGHTING TB IN THE POST-2015 ERA: PARADIGM SHIFT IN STRATEGIES AND PLANS TO PUT AN END TO TB

#### TRACK

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Suvanand Sahu (Switzerland), Lucica Ditiu (Switzerland)

#### CHAIR(S)

Sheila Tlou (Botswana)

#### TARGET AUDIENCE

- 1. Policy- and strategymakers at national and international levels
- 2. NTPs, development partners and technical agencies
- 3. Affected communities, activists and advocates

#### DESCRIPTION

The World Health Assembly, as well as the post-2015 development agenda, have called for ending TB within the next two decades; but the current rate of progress against TB is grossly insufficient to even reach this target in the next 100 years. Recognising the need to change the fight against TB, new strategies, new plans and innovations in care delivery and financing are being developed. This session brings together a high-level panel to provide the perspectives of different stakeholders who are beginning to transform the fight against TB. both at the national and international levels.

#### **OBJECTIVES**

- 1. To share the vision, strategy and plans for changing the fight against TB in the post-2015 agenda
- 2. To share perspectives of leaders of countries, development partners and communities on the subject

- 10:30 10:45 New strategy and replenishment of The Global Fund: moving closer to defeating TB -Mark Dybul (Switzerland)
- 10:50 11:05 Bold strategy and planning for faster progress in South Africa against TB and the drivers of the epidemic - Aaron Motsoaledi (South Africa)
- 11:10 11:25 New approaches in financing health and development: implications for the fight against TB -Patrick L. Osewe (South Africa)
- 11:30 11:45 Community-led planning and implementation of TB initiatives in the post-2015 era Timur Abdullaev (Uzbekistan)
- 11:50 12:00 Discussion

#### 



## LA LUTTE CONTRE LA TB APRÈS 2015 : CHANGEMENT DE PARADIGME DANS LES STRATÉGIES ET PLANS VISANT À METTRE UN TERME À LA TB

#### THÈME .

Faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions politiques

#### COORDINATEUR(S):

Suvanand Sahu (Suisse), Lucica Ditiu (Suisse)

#### PRÉSIDENT(S):

Sheila Tlou (Botswana)

#### PUBLIC VISÉ:

Décideurs et stratèges aux niveaux national et international, programmes nationaux de lutte contre la tuberculose, partenaires de développement et agences techniques, communautés concernées, militants et défenseurs

#### DESCRIPTION:

L'Assemblée mondiale de la Santé ainsi que le programme de développement pour l'après-2015 ont appelé à mettre un terme à la TB dans les deux prochaines décennies : mais les progrès accomplis sont largement insuffisants pour atteindre cet objectif ne serait-ce que dans les 100 prochaines années. Reconnaissant le besoin d'apporter des changements dans la lutte contre la TB, de nouvelles stratégies, de nouveaux plans et des innovations dans la prestation et le financement des soins sont en cours de développement. Cette session réunit des intervenants de haut niveau pour présenter les perspectives des différentes parties prenantes qui commencent à transformer la lutte contre la TB, tant au niveau national qu'international.

#### OBJECTIFS:

- 1. Partager la vision, la stratégie et les plans pour changer la lutte contre la TB dans le programme pour l'après-2015
- 2. Partager les perspectives des dirigeants des pays, des partenaires de développement et des communautés sur le sujet

#### COMMUNICATIONS ORALES:

- 10h30 10h45 Nouvelle stratégie et reconstitution des ressources du Fonds mondial : vers la fin de l'épidémie de TB – Mark Dybul (Suisse)
- 10h50 11h05 Stratégie courageuse et planification pour des progrès plus rapides en Afrique du Sud dans la lutte contre la TB et les moteurs de l'épidémie – Aaron Motsoaledi (Afrique du Sud)
- 11h10 11h25 Nouvelles approches en matière de financement de la santé et du développement : implications pour la lutte contre la TB – Patrick L. Osewe (Afrique du Sud)
- 11h30 11h45 Planification au niveau communautaire et mise en œuvre d'initiatives de lutte contre la TB après 2015 – Timur Abdullaev (Ouzbékistan)
- 11h50 12h00 Discussion



#### CRITICAL UPDATES ON THE TREATMENT OF TB-HIV CO-INFECTED CHILDREN

#### TRACK

TB in children

#### TRACK2

HIV and TB co-infection

#### COORDINATOR(S)

Anthony Garcia-Prats (South Africa),

Helen McIlleron (South Africa)

#### CHAIR(S)

Sharon Nachman (USA)

#### TARGET AUDIENCE

- Clinicians, nurses, healthcare workers caring for TB-HIV co-infected children
- 2. Programme managers involved in paediatric TB-HIV service delivery
- Clinical and academic researchers

#### DESCRIPTION

TB continues to be a major cause of morbidity and mortality in HIV-infected children. However important knowledge gaps remain on the treatment and prevention of drug-susceptible and multidrug-resistant TB in HIV co-infected children, and the programmatic delivery of TB care to HIV-infected children. This symposium will present emerging data on priority issues in paediatric TB-HIV management and discuss the implications of this information for current care and future research.

#### **OBJECTIVES**

- Present emerging data on pharmacokinetics of and interactions between ARVs and firstand second-line TB drugs
- Share updated data on treatment outcomes and challenges with delivery of TB care to HIV-infected children
- 3. Discuss emerging challenges in the co-treatment of children with TB-HIV co-infection

#### PRESENTATIONS

- 10:30 10:40 Morbidity and mortality in TB-HIV co-infected children on TB treatment initiated on ART in the PAANTHER cohort in Asia and West Africa Olivier Marcy (Cambodia)
- 10:45 10:55 Understanding the contribution of HIV to the risk of developing tuberculosis in children: a systematic review and meta-analysis Pete Dodd (UK)
- 11:00 11:10 TB screening and IPT delivery in HIV-infected children: Programmatic uptake and challenges in Mozambique WC Buck (Mozambique)
- 11:15 11:25 Emerging challenges in the co-treatment of children with TB-HIV co-infection Helena Rabie (South Africa)
- 11:30 11:40 Pharmacokinetics of the first-line TB drugs in West African children with and without HIV co-infection Awewura Kwara (USA)
- 11:45 12:00 Discussion

#### **SYMPOSIUM 55** ► 10:30 - 12:00 ► ROOM MR 2.61-2.63



# WHY ARE DR-TB PATIENTS LOST BY TB PROGRAMMES? PATIENTS' PERSPECTIVE ON HOW TO ADDRESS DR-TB TREATMENT ADHERENCE

#### TRACK

Patient-centred care

#### TRACK

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Alexander Golubkov (USA)

#### CHAIR(S)

Jennifer Furin (USA)

#### TARGET AUDIENCE

- TB programme managers, policy-makers
- Healthcare professionals involved in the organisation and delivery of outpatient DR-TB care

#### DESCRIPTION

Treatment of drug-resistant tuberculosis requires a set of programme components to be in place to ensure the optimal delivery of TB care. Many high-burden countries are succeeding in "scaling up" DR TB activities nationally, but are now facing increasing rates of patients who are "lost to follow-up" (LTFU). The status of LTFU is associated with treatment interruption and usually results in unnecessary morbidity and mortality for patients, as well as potentially generating additional resistance (i.e. XDR-TB). This session will present the results of programmatic studies and best practices and lessons learnt on how LTFU can be decreased.

#### **OBJECTIVES**

- 1. To present results of programmatic studies describing reasons for LTFU among DR-TB patients
- 2. To demonstrate programme experience and best practice aimed at reducing LTFU

#### PRESENTATIONS

11:15 - 11:25

- 10:30 10:40 Why are patients not adherent to DR-TB treatment? Patients' testimony Jennifer Furin (USA)
- 10:45 10:55 Addressing LTFU in high-burden MDR-TB countries: example from Belarus Alena Skrahina (Belarus)
- 11:00 11:10 Reaching zero LTFU through community-based care for DR-TB and HIV co-infected patients :example from South Africa and Lesotho Limpho Ramangoaela (South Africa)

Study results: LTFU among MDR-TB patients in the Philippines and what other countries can

- learn Thelma Tupasi (Philippines), Ekaterina Kurbatova (USA)

  11:30 11:40 Keeping low LTFU while scaling up an PMDT programme: example from Kazakhstan —
  Tleukhan Abildaev (Kazakhstan)
- 11:45 12:00 Discussion



# THE RELATIONSHIP BETWEEN GENDER AND SPECIFIC TOBACCO PRODUCTS, TOBACCO CONSUMPTION AND INEQUALITIES

#### TRACK

Tobacco control

#### COORDINATOR(S)

Elif Dagli (Turkey), Amanda Amos (UK)

#### CHAIR(S)

Dilek Aslan (Turkey), Margaretha Haglund (Sweden)

#### TARGET AUDIENCE

- 1. Tobacco control experts
- 2. Health professionals
- 3. Sociologists, anthropologists

#### DESCRIPTION

Women's consumption of indigenous and evolving tobacco products is increasing. This session will discuss changing trends in tobacco and/or nicotine products' consumption in relation to social, economic and gender inequalities around the world. Different types of tobacco products used around the world among different genders in tandem with social change will be presented. Innovative products targeted at specific social environments and genders and tactics of the industry affecting different social environments and gender will be covered.

#### **OBJECTIVES**

- Discuss the influence of inequalities and gender on women's smoking status, as well as other determining factors
- 2. Understand the status of smoking various tobacco products in different parts of the world
- 3. Determine use of evolving tobacco and nicotine products among women
- 4. Analysing the gender perspective for solutions in prevention of smoking among women

#### **PRESENTATIONS**

10:30 - 10:45 Inequalities, gender and tobacco consumption — Amanda Amos (UK)

10:50 - 11:05 Use of water-pipe and oral tobacco among women — Dilek Aslan (Turkey)

11:10 - 11:25 E-cigarettes: tobacco industry and non-tobacco industry strategies — Marisa De Andrade (UK)

11:30 - 11:45 How to counteract the changing industry tactics — Margaretha Haglund (Sweden)

11:50 - 12:00 Discussion

SYMPOSIUM 57 ► 10:30 - 12:00 ► BALLROOM WEST - WESTIN



#### THE ROLE OF COST-EFFECTIVENESS IN ACHIEVING THE END TB STRATEGY

#### TRACK

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

David Collins (USA)

#### CHAIR(S)

Michael Kimerling (Netherlands)

#### TARGET AUDIENCE

- 1. TB control policy-makers, planners and managers
- 2. TB control advocates and financing organisations
- 3. Educators involved in TB control research

#### DESCRIPTION

In order to detect and treat the three million missing TB cases and achieve the goal of the "End TB Strategy", it is important to understand and project the costs of TB services and to provide services as cost-effectively and efficiently as possible. It is especially important in countries where donor funding is shrinking and domestic financing of TB services is a priority. This symposium will provide insight on several aspects of TB costs and cost-effectiveness, outlining examples of good practices and describing actions that need to be taken to get to "End TB".

#### OBJECTIVES

- 1. To improve understanding of the role of cost and cost-effectiveness in financing TB control programmes
- 2. To provide examples of costs and cost-effectiveness elements of TB control programmes

#### PRESENTATIONS

- 10:30 10:40 Overview of TB control costs and financing issues Chinwe Owunna (USA)
- 10:45 10:55 The cost-effectiveness of different screening and diagnostic methods: lessons from several countries. David W Dowdy (USA)
- 11:00 11:10 Economic evaluation of new TB diagnostics in South Africa: an analysis of differences found in early trial and 'real world' cost-effectiveness Nicola Foster (South Africa)
- 11:15 11:25 Modeling the economic impact of TB treatment interruption David Collins (USA)
- 11:30 11:45 The economic costs of TB medicine stock-outs in the Philippines Lam Hilton (Philippines), Edmund Rutta (USA)
- 11:50 12:00 Discussion

# UNIVERSAL HEALTH COVERAGE AND INSURANCE: HOW TB FITS INTO THE HEALTH FINANCING PICTURE

#### TRACK

Advancing the End TB strategy and other policy issues

## COORDINATOR(S)

William Wells (USA)

#### CHAIR(S)

Diana Weil (Switzerland), William Wells (USA)

#### TARGET AUDIENCE

- 1. TB programme managers and policy-makers
- 2. Health financing and reimbursement specialists
- 3. Private sector providers and specialists

#### DESCRIPTION

The growth in national or social health insurance schemes, as part of the push for universal health coverage, presents both challenges and opportunities for national TB programmes (NTPs). The challenges include maintaining high-quality TB treatment in the public sector, even though less attention may be paid specifically to TB. And the opportunities include avenues to engage with providers who are not yet engaged by the NTP. The speakers will outline country experiences and suggest lessons for countries who are earlier in this process of developing sustainable health financing.

#### **OBJECTIVES**

- To present countries' experience with implementing insurance-based schemes with significant TB components
- 2. To present a framework and lessons learnt for including TB services in health insurance schemes

#### **PRESENTATIONS**

- 10:30 10:40 A framework for analysing TB and insurance, and assigning TB financing to either insurance or government budgets Neeraj Kak (USA), David Collins (USA)
- 10:45 10:55 Challenges and solutions for reaching more TB providers with insurance schemes in the Philippines Anna Marie Celina Garfin (Philippines)
- 11:00 11:10 National health insurance in Indonesia: opportunities for implementing TB regulatory mechanisms To be confirmed
- 11:15 11:25 Insurance-related models and approaches to incentivise providers to provide high-quality TB care, with a focus on Eastern Europe Sara Feistein (USA)
- 11:30 11:40 Maintaining NTP functions in the context of national health insurance Suksont Jittimanee (Thailand)
- 11:45 12:00 Discussion



SUNDAY, 6 DECEMBER SYMPOSIA

#### **HIV/TB LATE-BREAKER SESSION**

The HIV section of The Union in collaboration with the HIV department of the World Health Organization is pleased to present, at the Union World Conference on Lung Health, the HIV/ TB Late-breaker session. The session will feature 6 interesting presentations from around the world. Each presentation will be 10 minutes in length, followed by 5 minutes discussion time. Copies of the presentation abstracts will be available at the session. We look forward to seeing you there and to having a stimulating discussion around these issues

#### SESSION CHAIRS

Paula Fujiwara (The Union), Nathan Ford (Switzerland)

#### PRESENTATIONS

ABSTRACT 1 Sulfamethoxazole/Trimethoprim/Isoniazid/Pyridoxine scored tablets are bioequivalent to 13:30-13:40 individual products and are accept able to patients with advanced HIV infection in the REALITY trial — Gibb DM, Bwakura-Dangarembizi, Abhyankar D, Szubert AJ, Agutu C, Lugemwa A, Abach J, Kemigisa M, Mallewa J, Siika A, Mukuye A, Mehta V, Malhotra G, Nambi E, Thomason M, Pett S, Berkley J, Meli B, Kityo C, Nathoo K, Musiime V, Walker AS, Gogtay J and the REALITY Trial Team

ABSTRACT 2 Household Point of Care CD4 testing and IPT initiation in a TB contact tracing
13:45-13:55 Programme: feasibility, uptake and linkage to care — Liesl Page-Shipp, James J Lewis,
Kavindhran Velen, Sedikanelo Senoge, Elizabeth Zishiri,
Flora Popane, Violet N Chihota, Dave Clark, Gavin J

ABSTRACT 3 Cell phone ringtones intervention to improve adherence to antiretroviral therapy in 14:00-14:10 Yaounde, Cameroon: a randomized controlled trial — Pefura-Yone EW, Nzina-Toupendi Z, Balkissou AD, Kengne AP, Afane-Ze

ABSTRACT 4 Adherence to antiretroviral therapy is associated with retention in care for extensively drug-resistant tuberculosis (XDR-TB) HIV co-infected patients on treatment in South Africa. — O'Donnell MR, Daftary A, Amico KR, Wolf A, Friedland G, Bangsberg D, Padayatchi N

ABSTRACT 5

Acquired drug resistance in rifampicin susceptible pulmonary tuberculosis in a

14:30-14:40

Acquired drug resistance in rifampicin susceptible pulmonary tuberculosis in a

programmatic setting with a high prevalence of HIV co-infection — Rockwood, Sirgel,

Meinties, Wilkinson

SYMPOSIUM 59 ► 13H30-15H00 ► AUDITORIUM I

#### SÉANCE DE « DERNIÈRE MINUTE » CONSACRÉE À LA CO-INFECTION TUBERCULOSE-VIH

La section VIH de L'Union. en collaboration avec le département VIH de l'Organisation mondiale de la Santé, est heureuse de vous présenter, à l'occasion de la Conférence mondiale de L'Union sur la santé respiratoire, la session de dernière minute sur la co-infection VIH/TB. La session comprendra cinq présentations passionnantes provenant du monde entier. Chaque présentation durera 10 minutes, et sera suivie par cinq minutes de discussion. Des copies des résumés de la présentation seront disponibles dans l'Abstract Book de la conférence. Nous espérons vous voir à cette occasion et engager une discussion stimulante sur ces sujets.

#### SESSION CHAIRS

Paula Fujiwara (L'Union), Nathan Ford (Suisse)

#### **PRESENTATIONS**

ABSTRACT 1 Les comprimés sécables de sulfaméthoxazole / triméthoprime / isoniazide / pyridoxine
13h30-13h40 sont bioéquivalents aux produits individuels et sont acceptables pour les patients atteints
d'infection avancée par le VIH dans l'étude REALITY — Gibb DM, Bwakura-Dangarembizi,
Abhyankar D, Szubert AJ, Agutu C, Lugemwa A, Abach J, Kemigisa M, Mallewa J, Siika A,
Mukuye A, Mehta V, Malhotra G, Nambi E, Thomason M, Pett S, Berkley J, Meli B, Kityo C,
Nathoo K, Musiime V, Walker AS, Gogtay J and the REALITY Trial Team

ABSTRACT 2 Test des CD4 domestique au point d'intervention et initiation d'un traitement préventif par l'isoniazide dans le cadre d'un programme de traçage des contacts sur la tuberculose : faisabilité, ntérêt et relation avec les soins — Liesl Page-Shipp, James J Lewis, Kavindhran Velen, Sedikanelo Senoge, Elizabeth Zishiri, Flora Popane, Violet N Chihota, Dave Clark, Gavin J

ABSTRACT 3 Intervention avec des sonneries de téléphones portables pour améliorer l'observance du traitement antirétroviral à Yaoundé, Cameroun : étude contrôlée et randomisée – Pefura-Yone EW, Nzina-Toupendi Z, Balkissou AD, Kengne AP, Afane-Ze

ABSTRACT 4 L'observance du traitement antirétroviral est associée à une rétention des soins chez
14h15-14h25 des patients co-infectés par une tuberculose ultrarésistante et le VIH sous traitement
en Afrique du Sud — O'Donnell MR, Daftary A, Amico KR, Wolf A, Friedland G, Bangsberg D,
Padavatchi N

ABSTRACT 5 Résistance médicamenteuse acquise dans la tuberculose pulmonaire sensible à la 14h30-14h40 rifampicine dans le cadre d'un programme comportant une forte prévalence de co-infection par le VIH — Rockwood, Sirgel, Meintjes, Wilkinson

## 

## MOVING PAST CLINIC-BASED CARE: PRACTICAL STEPS TO IMPROVE TB CARE THROUGH COMMUNITY ENGAGEMENT

#### TRACK

Civil society / patient & community engagement

#### TRACK2

Advancing the End TB strategy and other policy issues

#### COORDINATOR(S)

Andrew Codlin (Switzerland), Alberto Colorado (Mexico)

#### CHAIR(S)

Lucy Chesire (Kenya) Alberto Colorado (Mexico)

#### TARGET AUDIENCE

- 1. Civil society
- 2. Programme implementers (NTPs and NGOs)
- 3. Policy-makers

#### DESCRIPTION

Over the last few years, the TB community has begun to embrace the critical role civil society and communities play in strengthening TB care service delivery. However, the impact of community engagement and participation is often poorly documented. We present a number of concrete examples of how to harness the power of people and groups outside the traditional health sector and to provide a forum for discussing how the TB community can further expand its community engagement efforts in the post-2015 agenda.

#### OBJECTIVES

- 1. To provide concrete examples of how community engagement can improve TB care
- 2. To highlight the technical, financial and implementation challenges of task-shifting
- 3. To discuss the barriers to community involvement and the ways to overcome them

#### PRESENTATIONS

- 13:30 13:40 Engaging communities to improve access to care in remote, tribal populations in India Ashvini Vyas (India)
- 13:45 13:55 Mobilising communities to fight TB in remote islands of Indonesia Elvi Solita Siahaan (Indonesia)
- 14:00 14:10 Improving state-wide TB case notifications through engaging leaders in nomadic pastoralist communities in Nigeria Stephen John (Nigeria)
- 14:15 14:25 Involving lay health workers for case finding and improved treatment outcomes in rural Ethiopia Datiko Daniel Gemechu (Ethiopia)
- 14:30 14:40 Civil society's achievements and post-2015 vision for community engagement Blessina Kumar (India)
- 14:45 15:00 Discussion

#### SYMPOSIUM 60 ► 13H30 - 15H00 ► BALLROOM EAST - CTICC •



## AU-DELÀ DES ÉTABLISSEMENTS DE SOINS : MESURES PRATIQUES POUR AMÉLIO-RER LES SOINS DE LA TB GRÂCE À L'IMPLICATION DE LA COMMUNAUTÉ

#### THÈME:

Implication de la société civile/des patients et de la communauté, faire avancer la stratégie de l'OMS visant à mettre un terme à l'épidémie de TB et autres questions politiques

#### COORDINATEUR(S:

Andrew Codlin (Suisse), Alberto Colorado (Mexique)

#### PRÉSIDENT(S):

Lucy Chesire (Kenya) Alberto Colorado (Mexique)

#### PUBLIC VISÉ :

Société civile, responsables de la mise en œuvre des programmes (Programmes nationaux de lutte contre la TB et ONG), décideurs

#### DESCRIPTION:

Ces dernières années, la communauté de la TB a commencé à jouer le rôle essentiel de la société civile et des communautés dans le renforcement de la prestation des services de soins de la TB. Cependant, l'impact de l'implication et de la participation de la communauté est souvent mal documenté. Nous présentons un certain nombre d'exemples concrets sur la manière de mobiliser les personnes et les groupes en dehors du secteur de la santé traditionnelle et proposons un forum pour discuter des façons dont la communauté de la TB peut encore accroître ses efforts en matière d'implication de la communauté dans le programme pour l'après-2015.

#### OBJECTIFS:

- Donner des exemples concrets de la manière dont l'implication de la communauté peut améliorer les soins de la TB
- 2. Souligner les défis techniques, financiers et pratiques de la délégation de tâches
- 3. Discuter des obstacles à l'implication de la communauté et des manières de les surmonter

#### ${\color{red}\textbf{COMMUNICATIONS}} \ {\color{red}\textbf{ORALES}}:$

- 13h30 13h40 Implication des communautés pour améliorer l'accès aux soins dans les populations tribales isolées en Inde Ashvini Vyas (Inde)
- 13h45 13h55 Mobilisation des communautés pour lutter contre la TB dans les îles reculées d'Indonésie Elvi Siahaan (Indonésie)
- 14h00 14h10 Amélioration des notifications de cas de TB au niveau national grâce à l'implication des chefs des communautés pastorales nomades au Nigeria Stephen John (Nigeria)
- 14h15 14h25 Implication des travailleurs de la santé non professionnels dans le dépistage et l'amélioration des résultats thérapeutiques en Éthiopie rurale Daniel Datiko Gemechu (Éthiopie)
- 14h30 14h40 Réalisations de la société civile et vision pour l'après-2015 pour l'implication de la communauté Blessina Kumar (Inde)
- 14h45-15h00 Discussion



#### **PROGRESS IN CLINICAL TRIALS FOR TB TREATMENT: 2015**

#### TRACK

Drug-sensitive TB care and treatment, including trials

#### TRACK2

Drug-resistant TB care and treatment, including trials

#### COORDINATOR(S)

Andrew Vernon (USA), Sarita Shah (USA)

#### CHAIR(S)

Richard Menzies (Canada), Neil Martinson (South Africa)

#### TARGET AUDIENCE

- TB clinicians and healthcare workers, TB programme managers, drug developers
- 2. TB researchers, pulmonary and infectious disease clinicians, pharmacologists
- 3. TB programme staff, epidemiologists and others involved in clinical trials

#### DESCRIPTION

The current drug development pipeline holds the largest number of new TB drugs ever. Multiple groups are involved in the late stages of drug development, including members of the academic, governmental, non-profit and commercial pharmaceutical sectors. These groups support or implement trials that seek to re-purpose or optimise existing drugs, as well as develop novel compounds and regimens with the aim of simplifying or shortening TB treatment. This session will present emerging data from leading groups.

#### **OBJECTIVES**

- 1. Present recent advances in phase 2 and phase 3 trials of new TB drugs and regimens for drug-sensitive TB
- Discuss the challenges confronting development of new TB therapies through sharing of practical experiences
- 3. Inform the target audience concerning safety of drugs
- 4. Assist the target audience in considering the utility of new or imminently available TB drugs and regimens

#### RESENTATIONS

- 13:30 13:40 High-dose rifampicin: issues in efficacy and safety Martin Boeree (Netherlands) 13:45 13:55 High-dose rifapentine: preparation and design of a four-month regimen trial Susan Dorman (USA)
- 14:00 14:10 The evolving trials and strategy of the TB Alliance Carl Mendel (USA)
- 14:15 14:25 Tuberculosis trials from the AIDS Clinical Trials Group Susan Swindells (USA), Richard Hafner (USA)
- 14:30 14:40 MDR-TB: multiple trials moving forward Keertan Dheda (South Africa)
- 14:45 15:00 Discussion

#### SYMPOSIUM 62 ► 13:30 - 15:00 ► AUDITORIUM II



# INNOVATIVE APPROACH TO IMPROVING ACCESS AND QUALITY OF CARE FOR DR-TB: IMPLEMENTING THE ECHO TELEHEALTH MODEL

#### TRACK

Drug-resistant TB care and treatment, including trials

#### TRACK2

TB other

#### COORDINATOR(S)

Bruce Struminger (USA), Darivianca Laloo (Switzerland)

#### CHAIR(S)

Nguyen Viet Nhung (Viet Nam), Suvanand Sahu (Switzerland)

#### TARGET AUDIENCE

- 1. TB programme managers and implementers
- Public and private sector healthcare professionals and advocates
- 3. Educators and government representatives interested in workforce development

#### DESCRIPTION

The ECHO [Extension for Community Healthcare Outcomes] telehealth model is an innovative evidence-based intervention to strengthen the knowledge and practice of clinical care teams in rural and underserved communities. The ECHO model—based on a combination of videoconferencing, case-based learning, use of a disease management model and monitoring outcomes—is being adapted in several global settings to expand access to high-quality care and treatment for drug-resistant TB (DR-TB) through the development of local communities of practice and learning that link national experts with frontline TB practitioners.

#### **OBJECTIVES**

- $1. \ \, \text{To present examples of the ECHO model implemented for DR-TB treatment in a variety of settings}$
- 2. To encourage application of an innovative approach to global workforce capacity development
- 3. To promote discussion of challenges/opportunities for adapting the ECHO model to DR-TB treatment globally

#### **PRESENTATIONS**

- 13:30 13:40 Overview of the ECHO model and a framework for ECHO implementation for DR-TB globally Lisa Chen (USA)
- $13:45-13:55 \quad \text{Implementation of the ECHO model for DR-TB in Viet Nam} \text{Nguyen Viet Nhung (Viet Nam)}$
- 14:00 14:10 Adaptation of the ECHO model to strengthen US-Mexico border DR-TB control Martin Castellanos (Mexico)
- 14:15 14:25 Integration of ECHO for DR TB with an HIV ECHO program in Namibia Nunurai Ruswa (Namibia)
- 14:30 14:40 Implementation of the ECHO model for comprehensive TB case management in New Mexico, a low-incidence setting Diana Fortune (USA)
- 14:45 15:00 Discussion



# TB CONTACT INVESTIGATION IN HIGH-RISK POPULATIONS: INNOVATIVE APPROACHES AND IMPLEMENTATION EXPERIENCES

#### TRACK

TB outbreaks and contact investigation

#### COORDINATOR(S)

Muluken Aseresa Melese (Ethiopia), Pedro Guillermo Suarez

# (USA) CHAIR(S)

Muluken Aseresa Melese (Ethiopia), Pedro Guillermo Suarez (USA)

#### TARGET AUDIENCE

- National TB Programme staff
- 2. Global policy-makers and technical experts
- 3. Implementing and funding organisations

#### DESCRIPTION

TB contact screening in high-burden settings is a high-yield strategy for TB case finding but there is limited experience. As countries start to devise more targeted approaches to case finding it is important to focus on strategies that would be scaled up through a modest investment in the health system. In this symposium we will discuss country experiences in contact investigation of active TB cases including household contacts, migrant workers, pastoralist communities, and residents of urban slums. We will also discuss some innovative approaches in contact screening.

#### **OBJECTIVES**

- 1. To share experiences of implementing contact investigation at wider scale in resource limited settings
- 2. To discuss innovative ways of improving the yield of contact investigation
- 3. To examine factors contributing to successful programmes and potential to scale-up other locations

#### **PRESENTATIONS**

- 13:30 13:40 The yield of contact investigation in a rural setting in Ethiopia Degu Jerene Dare (Ethiopia), Gebrie Negussie (Ethiopia)
- 13:45 13:55 Contact screening and expanding childhood TB diagnosis and treatment of TB in Bangladesh Shayla Islam (Bangladesh)
- 14:00 14:10 TB contact investigation: experiences from prisons in Uganda Turyahabwe Stavia (Uganda), Enock Kizito (Uganda)
- 14:15 14:25 Tuberculosis contact investigation in Afghanistan Mohammad Khaled Sediq (Afghanistan), Mohammad Rashidi (Afghanistan)
- 14:30 14:40 TB clusters in villages: community screening and GIS mapping Shallo Hamusse Daba (Ethiopia)
- 14:45 15:00 Discussion

#### SYMPOSIUM 65 ► 13:30 - 15:00 ► BALLROOM WEST - WESTIN



#### THE XDR EXPERIENCE:

#### CLINICIAN AND PATIENT PERSPECTIVES ON TREATMENT AND CARE

#### TRACK

Drug-resistant TB care and treatment, including trials

#### TRACK2

TB other

## COORDINATOR(S)

Meera Senthilingam (UK), Elize Pietersen (South Africa)

#### CHAIR(S)

Keertan Dheda (South Africa) Nesri Padayatchi (South Africa)

#### TARGET AUDIENCE

- 1. Healthcare professionals
- 2. TB programme implementers
- 3. Policy-makers

#### DESCRIPTION

Effective treatment and control of extensively drug-resistant TB (XDR-TB) requires in-depth insight into both patient and healthcare worker experiences of care. Control measures must move away from a focus on drug development and include understanding of patient knowledge, behavior and attitudes to improve adherence and quality of life, aid treatment completion and reduce community transmission. This symposium will provide insight into patient and clinician experiences of XDR-TB treatment to aid the strengthening of health systems, improve treatment programmes and reduce community transmission of drug-resistant TB.

#### OBJECTIVES

- 1. To provide an overview of DR-TB patient experiences, attitudes and behaviours in high-risk settings.
- 2. To provide an overview of healthcare worker experiences treating XDR-TB patients
- 3. Use patient perspectives to inform treatment programmes and end-of-life care for failed XDR-TB patients
- 4. To address the social and behavioural aspects of the DR-TB epidemic

#### PRESENTATIONS

- 13:30 13:40 Knowledge attitudes and behaviours of XDR-TB patients and family members in the Western Cape, South Africa Meera Senthilingam (UK)
- 13:45 13:55 Need for palliative care in DR-TB: an alternative view required Elize Pietersen (South Africa)
- 14:00 14:10 Social contraints of DR-TB care: the construction and management of stigma Amrita Daftary (Canada)
- 14:15 14:25 The patient journey: treatment for XDR-TB in South Africa Marian Loveday (South Africa)
- 14:30 14:40 A view from the other side: perspectives on clinical management of XDR-TB lobal Master (South Africa)
- 14:45 15:00 Discussion

#### TB EPIDEMIOLOGY: POST AND FUTURE INSIGHTS INTO CASE FINDING, DRUG RESISTANCE AND MORTALITY

CHAIR(S): Ekaterina Kurbatova (USA), Lasu Hickson Joseph (South Sudan) - TRACK: TB epidemiology

<b>0A-459-06</b> 10:30-10:40	Tuberculosis case finding through active screening using mobile phone application in Jakarta: implementation of a TB Reach project Y Permata, D Purba, R Tjiong, Loebis, E Burhan, Da Asri, I Kurniawati, A Shankar (Indonesia)
OA-460-06	Mortality and pre-treatment loss to follow-up in patients being investigated for TB in a pilot case manager
10:40-10:50	intervention N Maraba, K Mccarthy, G Churchyard, A Grant, V Chihota (South Africa, UK)
<b>0A-461-06</b> 10:50-11:00	Predictors of mortality in patients diagnosed with preXDR- and XDR-TB: results from the South African National TB Programme, 2009-2010  D Evans, K Schnippel, E Budgell, K Kate, K Shearer, R Berhanu, L Long, S Rosen (South Africa, USA)
<b>0A-462-06</b> 11:00-11:10	Trends of rifampicin-resistant pulmonary TB in South Africa: data from the national laboratory-based TB surveillance system A Nanoo, C lhekweazu, S Candy, N Ismail (South Africa)
<del>0A-463-06</del>	Estimating the future Burden of multi- and extensively drug-resistant tuberculosis CANCELLED
<b>0A-464-06</b> 11:10-11:20	Rapidly increasing tuberculosis burden in Brazilian prisons offsets gains in general population P Bourdillon, J Croda, A Ko, J Andrews (USA, Brazil)
<b>0A-465-06</b> 11:20-11:30	Under-reporting of sputum smear-positive tuberculosis cases in Kenya D Tollefson, F Ngari, M Mwakala, D Gethi, H K Kipruto, K Cain, E Bloss (USA, Kenya)
<b>0A-466-06</b> 11:30-11:40	Isoniazid mono-resistance is associated with increased mortality in a large cohort of tuberculosis patients in Durban, South Africa Y Van Der Heijden, F Maruri, F Karim, G Parker, Y Moosa, T Sterling, T Chinappa, P Alexander (USA, South Africa)
11:40-12:00	Discussion

#### COMMUNICATIONS ORALES 21 ► 10:30-12:00 ► BALLROOM EAST - CTICC •••

## • ÉPIDÉMIOLOGIE DE LA TB : PERSPECTIVES EN MATIÈRE DE DÉPISTAGE, DE PHARMACO-RÉSISTANCE ET DE MORTALITÉ

PRÉSIDI

IDE	ent(s): Ekaterir	na Kurbatova (États-Unis)), Lasu Hickson Joseph (Soudan du Sud) - тнèме: Epidémiologie de la ТВ
	<b>0A-459-06</b> 10h30-10h40	Dépistage actif de la tuberculose à l'aide d'une application pour téléphone portable à Jakarta: mise en œuvre d'un projet TB Reach Y Permata, D Purba, R Tjiong, Loebis, E Burhan, Da Asri, I Kurniawati, A Shankar (Indonésie)
	<b>0A-460-06</b> 10h40-10h50	Mortalité et perte de vue avant traitement chez les patients faisant l'objet d'une recherche de TB dans une intervention pilote de gestion de cas N Maraba, K Mccarthy, G Churchyard, A Grant, V Chihota (Afrique du Sud, Royaume-Uni)
	<b>0A-461-06</b> 10h50-11h00	Prédicteurs de la mortalité chez des patients atteints de TB pré-UR et de TB-UR : résultats du Programme national sud-africain de lutte contre la TB, 2009-2010  D Evans, K Schnippel, E Budgell, K Kate, K Shearer, R Berhanu, L Long, S Rosen (Afrique du Sud, États-Unis)
	<b>0A-462-06</b> 11h00-11h10	Tendances de la TB pulmonaire résistante à la rifampicine en Afrique du Sud : données du système national de surveillance de la TB fondée sur les laboratoires A Nanoo, C Ihekweazu, S Candy, N Ismail (Afrique du Sud)
	<del>0A-463-06</del>	Estimation de la future charge de la tuberculose multi et ultra-résistante ANNULÉ
	<b>0A-464-06</b> 11h10-11h20	La charge de la tuberculose en rapide augmentation dans les prisons brésiliennes compense les gains obtenus dans la population générale P Bourdillon, J Croda, A Ko, J Andrews (États-Unis, Brésil)
	<b>0A-465-06</b> 11h20-11h30	Sous-déclaration des cas de tuberculose à frottis d'expectoration positif au Kenya D Tollefson, F Ngari, M Mwakala, D Gethi, H K Kipruto, K Cain, E Bloss (États-Unis, Kenya)
	<b>0A-466-06</b> 11h30-11h40	La mono-résistance à l'isoniazide est associée à une augmentation de la mortalité dans une importante cohorte de patients tuberculeux à Durban (Afrique du Sud) Y Van Der Heijden, F Maruri, F Karim, G Parker, Y Moosa, T Sterling, T Chinappa, P Alexander (États-Unis, Afrique du Sud)

<sup>🞧</sup> Simultaneous English/French/English translation is provided for this session - Une traduction simultanée anglais/français/anglais est assurée pour ces séances.

Discussion

11h40

#### THE NATURE OF THE BEAST: **EMERGING MOLECULAR INFORMATION ABOUT MYCOBACTERIA**

CHAIR(S): Robin Warren (South Africa), Amy Piatek (USA) - TRACK: Basic science

<b>0A-467-06</b> 13:30-13:40	Selective reconstitution of interferon-gamma gene function in T cells suffices to restore protection against mycobacterial lung infection P Blank, K Borst, E Grabski, T Frenz, U Kalinke (Germany)
<b>0A-468-06</b> 13:40-13:50	Genomic and proteomic analysis of Mycobacterium tuberculosis lineage 7 strains from Ethiopia S Yimer, A Namouchi, T Riaz, Ed Zegeye, C Holm-Hansen, G Norheim, A Aseffa, Tone Tønjum (Norway, Ethiopia)
<b>0A-469-06</b> 13:50-14:00	Single cell elucidation of mycobacterial replication dynamics S Sampson, J Mouton, S Helaine, Dw Holden (South Africa)
<b>0A-470-06</b> 14:00-14:10	Next generation sequencing reveals hidden ethionamide resistance as a likely driver towards resistance beyond XDR-TB in a high-burden population  M Klopper, G Hill-Cawthorne, R Van Der Merwe, S Sampson, E Streicher, A Abdallah, R M Warren, P Arnab (South Africa)
<b>0A-471-06</b> 14:10-14:20	ASAP, an automated sequence analysis pipeline for whole genome sequencing data, initial applications in Mycobacterium tuberculosis R Van Der Merwe, R M Warren, A Dippenaar, M De Vos, P Van Helden, A Abdallah, P Arnab, S Sampson (South Africa)
<b>0A-472-06</b> 14:20-14:	Host targeted therapy for tuberculosis via aerosol administration of siRNA targeting IL-10 and STAT3 R Upadhyay, A Sanchez-Hidalgo, J Arab, C Wilusz, A Lenaerts, M Gonzalez-Juarrero (USA)
<b>0A-473-06</b> 14:30-14:40	Use of plasma metabolomics at diagnosis to identify metabolic pathways associated with pulmonary tuberculosis clearance: a pilot study J Frediani, E Chong, J Alvarez, T Yu, D Jones, N Tukvadze, H Blumberg, T Ziegler (USA, Georgia)
<b>0A-474-06</b> 14:40-14:50	<b>A web-based interface to explore and analyze Mycobacterium tuberculosis whole genome sequence data</b> M Farhat, J Honaker, C Choirat, T loerger, M Murray (USA)

**ORAL ABSTRACT SESSION 23** ► 13:30-15:00 ► ROOM MR 2.44-2.46



14:50-15:00

#### TB IN CHILDREN, INCLUDING MDR

Discussion

CHAIR(S): Simon Schaaf (South Africa), Anna Mandalakas (USA) - TRACK: TB in children

<b>0A-475-06</b> 13:30-13:40	High frequency of pulmonary non-tuberculous mycobacteria in HIV-infected children with presumed tuberculosis in South-East Asia
	B Dim, S Goyet, L Borand, T N L Nguyen, Th Pham, S Godreuil, V Ung, O Marcy (Cambodia, Viet Nam, France)
<b>0A-476-06</b> 13:40-13:50	<b>Tuberculosis among adolescents and children along the cascade of HIV care in two regions of Ethiopia</b> Dj Dare, W Abebe, Kt Gari, M Aseresa Melese, P G Suarez, A Ruff (Ethiopia, USA)
<b>0A-477-06</b> 13:50-14:00	Risk factors for active tuberculosis among child contacts of recently diagnosed adults with sputum smear-positive tuberculosis U Egere, T Togun, S Abdoulai Daffay, J Otu, B Kampmann (Gambia, UK)
<b>0A-478-06</b> 14:00-14:10	Surveillance of childhood tuberculosis drug resistance in Cape Town, South Africa: increasing rifampicin mono-resistance H S Schaaf, E Walters, A Hesseling, C Rautenbach, C Bosch, A Garcia-Prats (South Africa)
<b>0A-479-06</b> 14:10-14:20	The pharmacokinetics and safety of ofloxacin for drug-resistant tuberculosis in children A Garcia-Prats, Hr Draper, K Dooley, J Seddon, S Thee, H Mcilleron, H S Schaaf, A Hesseling (South Africa, USA, UK, Germany)
<b>0A-480-06</b> 14:20-14:	Developing Swaziland's first public pediatric MDR-TB contact clinic G Mtetwa, P Ustero, R Golin, J Glickman, P Swamy, B Tsabedze, M Hlatshwayo, A Mandalakas (Swaziland, USA)
<b>0A-481-06</b> 14:30-14:40	Survival of children with HIV infection and drug-resistant TB in three provinces in South Africa, 2005–2010 S Morris, E Hall, S Smith, N Ismail, R Odendaal, N Ndjeka, H Menzies, M Van Der Walt (USA, South Africa)
<b>0A-482-06</b> 14:40-14:50	The management of child multidrug-resistant tuberculosis contacts across Europe A Turkova, M Tebruegge, F Brinkmann, M Tsolia, F Mouchet, B Kampmann, J Seddon (UK, Greece, Belgium)
14:50-15:00	Discussion



#### THE WIDE SWATH OF VULNERABLE POPULATIONS

CHAIR(S): Farai Mavhunga (Namibia), Kelly Curran (USA) - TRACK: Civil society / patient & community engagement

0A-483-06 20 years of TB control in the penitentiary system of Azerbaijan: achievements and challenges

13:30-13:40 E Gurbanova, R Mekhdiyev, F Huseynov, O Baghirov, R Tahirli (Azerbaijan)

0A-484-06 Deaths due to tuberculosis and social inequality: a spatial analysis in a priority municipality for disease control,

13:40-13:50 **Brazil, 2006-2012** 

M Yamamura, M Popolin, M Santos Neto, Lh Arroyo, C Neto, J Crispim, A Belchior, R Arcencio (Brazil)

0A-485-06 Active case finding: a science of delivery on the ground

13:50-14:00 S Pandurangan, S Chadha, S Mohanty, P Banuru Muralidhara, B Entoor Ramachandran, B Thapa, A Das (India, Nepal)

0A-486-06 TB risk perceptions among medical residents at a tertiary care center in India

14:00-14:10 G Pardeshi, M Parande, D Kadam, A Chandanwale, A Deluca, R Bollinger, J Farley, N Suryavanshi (India, USA)

0A-487-06 Integrating tuberculosis screening in mother and child health clinics: a policy change could overcome

14:10-14:20 the challenges of the second sputum sample

S Maosa, M Kumwenda, A Chilembwe, B Chikuse, B Chikuse, A Dimba, C Shaw, B-T- Nyang'wa, M Brouwer (Malawi, UK,

Netherlands)

0A-488-06 Tuberculosis-entry screening for asylum seekers in the Netherlands: challenges and solutions in a pressurised

14:20-14: immigration context

Y Aartsma, J Den Boer, M Urban, M Vermue, Q Waldhober, E Kloeze, R Van Hest (Netherlands)

0A-489-06 Rapid expansion of TB prevention and care programs: are the elderly left behind?

14:30-14:40 B Kerschberger, I Ciglenecki, G Mchunu, L Rusike-Pasipamire, I Zabsonre, Mm Win, B Rusch, Sm Kabore (Swaziland)

0A-490-06 Effectiveness of routine TB screening in central Tanzanian prisons using digital chest X-ray

14:40-14:50 and Xpert® MTB/RIF assay

Jan Van Den Hombergh, C Mangu, D Kowuor, J Malewa, E Chilolo, M Hoelscher, P Clowes (Tanzania, United Rep., Germany)

14:50-15:00 **Discussion** 

#### **ORAL ABSTRACT SESSION 25** ► 13:30-15:00 ► ROOM MR 2.64-2.66



# ENGAGEMENT OF CSOS, COMMUNITIES AND PATIENTS IN TB MANAGEMENT AND CONTROL

CHAIR(S): Muyabala Munachitombwe (Swaziland), Mike Frick (USA) - TRACK: Civil society / patient & community engagement

0A-491-06 The yield of TB among contacts of TB patients treated in the last three years (retrospective screening) in Ethiopia

13:30-13:40 Z Dememew, M Ensermu, Dj Dare, Dr Habte, M Aseresa Melese, K Alemu, N Demmelash, Y Haile, P G Suarez

(Ethiopia, USA)

0A-492-06 Role of peer educators to increase HIV testing among TB patients in two ART hospitals and one TB clinic,

13:40-13:50 **Jakarta, 2014-2015** 

Y Gunawan, H Agustine, F Susanti, Mcj Tumbelaka, T Handayani, W Bruary, S Aditya, Dp Setyawati

0A-493-06 Effectiveness of sputum collection and referrals from community screening for active tuberculosis case finding

13:50-14:00 in Mombasa County, Kenya

T Kiptai, C Mwamsidu, A Munene, T Abongo, M Mungai, C Kamau, G Moemi, B Ulo (Kenya)

0A-494-06 Sputum collection and transportation in vulnerable and marginalized communities in India: experiences

14:00-14:10 from community driven TB project Axshya

B Thapa, A Das, S Mohanty, P Banuru Muralidhara, B Entoor Ramachandran, J Tonsing, S Chadha (Nepal, India)

0A-495-06 Empowering faith-based community health volunteers as partners in TB control

14:10-14:20 J Teves, F Agbayani, T Yu, S Dela Cruz, S Masulit (Philippines)

0A-496-06 Role of community volunteers in finding missed TB cases: lessons from Three I's implementation in Zambia

14:20-14: A Nota, S Kaminsa, M Chizyuka, E Chiyeke, M Amofa-Sekyi (Zambia)

0A-497-06 Active case finding activities performed by former TB patients: experience from South-Kivu Province,

14:30-14:40 Democratic Republic of Congo

E Andre, D Bahati Rusumba, E Musafiri, D Muzigo, D Kasereka, D Kalumuna, O Le Polain De Waroux (Belgium,

Congo - Democratic Rep., UK)

OA-498-06 Improving treatment success rate by use of community mobilizers in Juba, South Sudan

14:40-14:50 J Mogga, H Lasu, S Macharia, S Kia, B Woldemariam (South Sudan, Republic of, Ethiopia)

14:50-15:00 **Discussion** 



#### LUNG HEALTH: PNEUMONIA, COPD, ASTHMA AND CYSTIC FIBROSIS

CHAIR(S): Guy Marks (Australia), Jean-William Fitting (Switzerland) - TRACK: COPD, asthma and other lung health OA-499-06 A controlled human aerosol model to study respiratory hygiene interventions to prevent airborne transmission 13:30-13:40 K Vanden Driessche, J Zlosnik, N Hens, B Quon, B Marais, R De Groot, D Speert, M Cotton (Belgium, Australia, South Africa) 0A-500-06 The correlation between IL-16-polymorphism and risk of asthma: evidence from a meta-analysis 13:40-13:50 Q Wu, Yi Ji, Can Wu, Yu Wang, Qing He (China) 0A-501-06 Use of Google Earth Pro and mobile technology in preparation for evaluation of the Practical Approach 13:50-14:00 to Lung Health in rural Malawi B Chisunkha, H Banda, K Mortimer, B Ngwira, H Mtengo, J Smedley, I Namakhoma, S B Squire (Malawi, UK) Short-term health impact of stove intervention in reducing household air pollution and illnesses among rural 0A-502-06 women in Pakistan 14:00-14:10 T Jamali, Afsh Shahid, A Shahid, Z Fatmi, Mm Kadir (Pakistan) Respiratory failure in the medical intensive care unit at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia 0A-503-06 Asch Work, A Sultan, A Shumet, Kibi G/silasie, A Binegdie Bekele, C Sherman, M Parekh, N Schluger (Ethiopia, USA) 14:10-14:20 0A-504-06 Spectrum and outcomes of patients admitted with respiratory disease to the medical wards at Tikur Anbessa Specialized Hospital 14:20-14: A Shumet, Kibi G/silasie, Asch Work, F Oumer, A Binegdie Bekele, C Sherman, M Parekh, N Schluger (Ethiopia, USA) COPD among patients with obstructive airway disease in Ethiopia 0A-505-06 Kibi G/silasie, Asch Work, A Shumet, F Oumer, A Binegdie Bekele, C Sherman, M Parekh, N Schluger (Ethiopia, USA) 14:30-14:40 Impact of the 13-valent pneumococcal conjugate vaccine on clinical and hypoxemic childhood pneumonia OA-506-06 over three years in central Malawi 14:40-14:50 E Mccollum, B Nambiar, R Deula, B Zadutsa, A Bondo, C King, N Lufesi, A Costello, T Colbourn (Bangladesh, UK) Discussion 14:50-15:00 NOTES



#### ACROSS THE SPECTRUM OF TB MANAGEMENT

	CHAIR(S): Grant Theron (South	Africa) Evaline Kibuchi (Kenya)	- TRACK: Drug-sensitive TB of	care and treatment, including trials
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R(S	): Grant Thero	n (South Africa), Evaline Kibuchi (Kenya) - TRACK: Drug-sensitive TB care and treatment, including trials
	<b>SOA-600-06</b> 10:30-10:38	New strategy for the treatment of tuberculosis with hepatotoxicity free anti-tuberculosis drug C-Y- Tsai, T-Y Shih, H-T Ho, W-J- Su, Y-W Huang, W-C Perng, F-Y Chang, O Yoa-Pu (Taiwan, Japan)
	<b>S0A-601-06</b> 10:38-10:46	High transfer-out affecting hospitals' performance in tuberculosis treatment outcomes S Gebreyes, Dr Habte, Z Dememew, I Jemal Abdulahi, Dj Dare, Mr Nigussie, M Aseresa Melese, P G Suarez (Ethiopia, USA)
	<b>S0A-602-06</b> 10:46-10:54	Thrice-weekly dose of anti-tuberculosis drugs: efficacy under India's program conditions R Kakar (India)
	<b>SOA-603-06</b> 10:54-11:02	Assessing the quality of diagnosis, treatment service and adherence monitoring by private practioners to TB patients in India: a case study from Himachal A Singh (India)
	<b>SOA-604-06</b> 11:02-11:10	Factors for diagnostic delay in smear-positive tuberculosis oatients: Patna, India S Mannan, S Dhawan, S Upadhyay, K Sahai, K Rade, A Sreenivas, N Kulshreshta (India)
	<b>SOA-605-06</b> 11:10-11:18	Major delays in the diagnosis and management of tuberculosis patients in Nepal R Mahato, W Laohasiriwong, R Koju, K Biraj, K Vaeteewootacharn (Nepal, USA)
	<b>SOA-606-06</b> 11:18-11:26	The impact of the duration of clofazimine administration with first-line drugs in a mouse model of tuberculosis chemotherapy N Ammerman, R Swanson, B Ngcobo, C Moodley, A Dorasamy, S Modley, S Singh, J Grosset (USA)
	<b>S0A-607-06</b> 11:26-11:34	Hepatotoxicity of a high-dose rifampicin treatment regimen among HIV-infected tuberculosis patients in West Africa: findings from the RAFA trial C Merle, S Floyd, D Affolabi, B Bah, A Ndiaye, I Mbaye, M Sarr, O Bah-Sow (Switzerland, UK, Benin, Guinea, Senegal)
	<b>S0A-608-06</b> 11:34-11:42	<b>Diagnosed but not treated: the problem of untreated diagnosed TB in Uganda</b> P Kabagambe, J Muhangi, S Orach, J Emuto, C Edemaga (Uganda)
	<b>SOA-609-06</b> 11:42-11:50	Using electronic data management system leads to improved TB patient monitoring in Kampala, Uganda A Etwom, D Lukoye, D Kimuli, M Kenneth, M Ruhweza, P G Suarez (Uganda, USA)
	SOA-610-06	How do patients access the private sector in Chennai, India? An evaluation of delays in tuberculosis diagnosis

L Bronner, R Ananthakrishnan, A Swaminathan, N Krishnan, M Pai, D Dowdy (USA, India, Canada)

#### SHORT ORAL ABSTRACT SESSION 2 ► 10:30-12:00 ► AUDITORIUM II



11:50-11:58

#### **HOW TO REACH THE END OF TB**

R(S	): Jody Boffa (	South Africa), Moses Kitheka (Kenya) - TRACK: Advancing the End TB strategy and other policy issues
	<b>S0A-611-06</b> 10:30-10:38	Feasibility of a zero medical burden for pulmonary tuberculosis out-patients through China's new rural cooperative medical system Z Xu, L Bai (China)
	<b>SOA-612-06</b> 10:38-10:46	Innovative social protection mechanism for alleviating catastrophic expenses for multidrug-resistant tuberculosis patients  D Kundu, V Katre, M Deshpande, A Sreenivas, P Parmar (Belgium, India)
	<b>SOA-613-06</b> 10:46-10:54	Identification of solutions and their levels of acceptance by private health care providers for adoption of key tuberculosis care standards in India O George, R Ganesan, V Sharma, R Swamickan, M Benezet (India, USA)
	<b>S0A-614-06</b> 10:54-11:02	Retail private pharmacist's knowledge and perceptions about collaborating with the National Tuberculosis Programme: qualitative study, South India Y Vijayashree, H Bindu, N Rao, N Devadasan (India)
	<b>S0A-615-06</b> 11:02-11:10	Use of voucher scheme: promising higher quality service delivery for early diagnosis and treatment of TB in Mumbai S Vijayan, P Mhatre, R Gandhi, R Chopra, J Thakker, P Kandasamay, V Jondhale, Mohu Datta (India)
	<b>SOA-616-06</b> 11:10-11:18	Disparities in treatment delay among patients with pulmonary TB in South West Nigeria M Alagi, O Popoola, O Uchendu, E Owoaje (Nigeria)
	<b>SOA-617-06</b> 11:18-11:26	<b>EXPAND-TB: contribution of an innovative project in increasing global MDR-TB detection</b> D Orozco, K Kao, J Lemaire, Cn Paramasivan, Rais Mazitov, T Verges, Y Mundade, F Mirzayev (Switzerland)
	<b>SOA-618-06</b> 11:26-11:34	Customizable economic analysis tools to support evidence-based tuberculosis control decision-making E Carlson, T Miller, B Naik, A Vemulapalli (USA, India)

Modelling the cost-effectiveness for the health system of Xpert® MTB/RIF scale-up by district profile in Tanzania SOA-619-06

I Langley, B Doulla (UK, Tanzania, United Rep.) 11:34-11:42

Future trends in TB epidemiology in China and the potential impact of novel age-targeted TB vaccines: SNA-620-06

a modelling study 11:42-11:50

R Harris, T Sumner, G Knight, R White (UK)

Comparing the impact of the Global Fund on health systems in Papua New Guinea and Nepal SOA-621-06

I Harper, A Street, K Dahal (UK, Nepal) 11:50-11:58

#### SHORT ORAL ABSTRACT SESSION 03 ► 10:30-12:00 ► BALLROOM WEST - CTICC

#### HIV AND TB: SNAPSHOTS

CHAIR(S): Sabine Hermans (South Africa), Ya Diul Mukadi (USA) - TRACK: HIV and TB co-infection

Blended learning as capacity building option for TB-HIV services: results of a comparative study in Ethiopia SOA-622-06 10:30-10:38

G Tsegaye, T Anteneh, K Merga, M Abebe, M Behute, M Aseresa Melese, Dj Dare, P G Suarez (Ethiopia, USA)

Incremental diagnostic yield of incorporating TB-LAM test and Xpert® MTB/RIF into a diagnostic algorithm SOA-623-06 in HIV-positive patients 10:38-10:46

H Huerga, G Ferlazzo Natoli, P Bevilacqua, B Kirubi, E Ardizzoni, J K Sitienei, M Bonnet (France, Italy, Kenya, Belgium)

Pulmonary tuberculosis in HIV-infected patients presenting with normal chest radiograph SNA-624-06 and negative sputum smear 10.46-10.54

M Joiula, C Chatla, Sp Chakramahanty, Adid Raghuramreddy, Arra Mounika, Pedd Mamatha (India)

TB mortality measurement: comparing verbal autopsy methods to necropsy in a setting of high HIV prevalence SNA-625-06

in Siaya County, Kenya 10:54-11:02

S Murithi, J Sitienei, E Mitchell, H Kipruto, E Amukoye, C Muturi, Z Ngan'ga, K Cain (Kenya, Netherlands)

A TB-HIV integration intervention and morbidity, mortality and retention in care among individuals with TB SOA-626-06 and HIV: MERGE cluster randomised trial 11:02-11:10

T Chakezha (nee Kufa), K Fielding, P Hippner, K Kielmann, A Vassall, G Churchyard, A Grant, S Charalambous (South Africa,

UK, Netherlands)

An integrated community based TB-HIV adherence support model provides an alternative to DOT for TB patients SOA-627-06 in Cape Town, South Africa. 11:10-11:18

R Kaplan, J Caldwell, S Adriaanse, S Hermans, L Mtwisha, L-G Bekker, K Jennings, R Wood (South Africa)

CD4 count distribution, ART uptake and TB treatment outcomes among HIV-positive TB patients in Cape Town, SOA-628-06

2009-2013 11:18-11:26

R Kaplan, S Hermans, J Caldwell, K Jennings, L-G Bekker, R Wood (South Africa)

SOA-629-06 TB as a cause of hospitalization and death among people living with HIV worldwide: a systematic review and

meta-analysis 11:26-11:34

N Ford, Z Shubber, A Matteelli, G A Meintjes, K Kranzer, B Grinsztejn, M Doherty, H Getahun (Switzerland, Italy, South Africa,

UK. Brazil)

SOA-630-06 HIV and alcohol intake are important determinants of non-adherence to tuberculosis treatment in pragmatic 11:34-11:42

settings in urban Uganda

H Babikako, A Okwera, Cc Whalen, E Mupere (Uganda)

Point-of-care C-reactive protein based TB screening may improve the efficiency of ICF and increase uptake of IPT SOA-631-06

among patients new to HIV/AIDS care 11:42-11:50

C Yoon, F Semitala, J Katende, P Byanyima, A Andama, I Ayakaka, M Kamya, A Cattamanchi (USA, Uganda)

Chronic respiratory disease in older children and adolescents with vertically acquired HIV infection SOA-632-06

G Mchugh, J Rylance, E Majonga, J Metcalfe, T Bandason, H Mujuru, K Kranzer, R Ferrand (Zimbabwe, USA, UK) 11:50-11:58

## SHORT ORAL ABSTRACT SESSION 04 ► 10:30-12:00 ► ROOM MR 2.41-2.43 TB EPIDEMIOLOGY: FROM MALAWI TO TAIWAN

CHAIR(S): Keren Middelkoop (South Africa), Noela Chicuecue (Mozambique) - TRACK: TB epidemiology

SOA-633-06 Risk stratification of adult tuberculosis contacts: a population-based study in Taiwan

J-Y- Feng, S Chen, W Fan, Su Wei-Juin, C Liu (Taiwan) 10:30-10:38

Deciphering tuberculosis dynamics in East Greenland: genome based molecular epidemiology of Mycobacterium SOA-634-06 tuberculosis in a high-incidence area 10:38-10:46

K Bjorn-Mortensen, Aase Bengaard Andersen, B Soborg, T Lillebaek, A Koch, K Ladefoged, T Kohl, S Niemann (Denmark)

Increasing burden of tuberculosis among the foreign-born population in Japan: trend and issues SOA-635-06 L Kawatsu, A Ohkado, K. Uchimura, S. Yoshimatsu, K Izumi, K Ito (Japan) 10:46-10:54 Diversity of MIRU-VNTR among Mycobacterium tuberculosis Central Asian family isolates from Nepalese patients SOA-636-06 Y Shah, Ajay Poudel, H Mahmoud Diab, J Thapa, C Menda, B Maharjan, C Nakajima, Y Suzuki (Japan, Nepal) 10:54-11:02 High mortality and prevalence of undiagnosed HIV and tuberculosis in adults with chronic cough in Malawi: SOA-637-06 a prospective cohort study 11:02-11:10 M Nliwasa, P Macpherson, M Mukaka, A Choko, A Mdolo, G Chipungu, H Mwandumba, L Corbett (Malawi, UK) SOA-638-06 Will the European Union reach the United Nations Millennium Declaration target of a 50% reduction of 11:10-11:18 tuberculosis mortality between 1990 and 2015? M Van Der Werf, F Hruba, S Bonfigli (Sweden) A historic view on understanding causes of the tuberculosis epidemic: mortality and living conditions in Bern, SOA-639-06 Switzerland, between 1890 and 1950 11:18-11:26 K Zürcher, M Ballif, M Zwahlen, M Egger, L Fenner (Switzerland) SOA-640-06 Tuberculosis control strategies to reach the 2035 global targets in China: the role of changing demographics and 11:26-11:34 reactivation disease G Huynh, D Klein, D Chin, B Wagner, P Eckhoff, R Li, L-X Wang (USA, China) The burden of tuberculosis among acute emergency-affected displaced populations SOA-641-06 Anna Tate, S Mcnabb, S Cookson (USA) 11:34-11:42 Use of nucleic acid amplification tests for determining risk of tuberculosis transmission S0A-642-06 Y Xie, W Cronin, R Oatis, S Cohn, L Paulos, J Razeg, R Chen, S Dorman (USA) 11:42-11:50 Discussion 11:50-12:00

#### SHORT ORAL ABSTRACT SESSION 05 ► 10:30-12:00 ► ROOM MR 2.64-2.66



SOA-643-06

#### TRAINING FOR THE FIGHT AGAINST TB

Discussion

11:42-12:00

CHAIR(S): Rajita Bhavaraju (USA), Harriet Mayanja (Uganda) - TRACK: Drug-sensitive TB care and treatment, including trials

10:30-10:38	F Dzata, E Mensah, F Sorvor, F Bonsu (Ghana)
<b>SOA-644-06</b> 10:38-10:46	How medical colleges in India are contributing to ensuring universal access to TB care in India: a case study from Himachal Pradesh State A Bhardwaj (India)
<b>S0A-645-06</b> 10:46-10:54	Health service provider's availability and knowledge about TB in 45 districts from India: implications for TB prevention and care K Sagili, A Das, B Entoor Ramachandran, B Thapa, P Banuru Muralidhara, S Pandurangan, S Mohanty, S Chadha (India)
<b>SOA-646-06</b> 10:54-11:02	Effectiveness of a training course on quality assurance of chest radiography in Laos A Ohkado, P Vangvichit, T Sorsavanh, O Rasphone, M Mercader, K Osuga, T Date (Japan, Lao People's Democratic Rep., Philippines)
<b>SOA-647-06</b> 11:02-11:10	Distance-learning pilot course for front-line staff of the Peruvian National Tuberculosis Program guidelines J Lulli, A Mendoza-Ticona, L Otero, G Córdova, K Castillo, C Montero, A Valentina Antonieta, E Gotuzzo (Peru)
<b>SOA-648-06</b> 11:10-11:18	Fortalecimiento de la comunicación e implementación de nuevas técnicas para la colección de muestras de esputo para incrementar la carga bacilar Kare Tintaya, M Mendoza, Judi Jajaycucho, Cynt Pinedo, L Lecca, C C Contreras, J Coit, C Mitnick (Peru, USA)
<b>SOA-649-06</b> 11:18-11:26	Interactions between nurses and doctors in caring for TB patients T Fedotkina, V Sarkisova, O Komissarova, P Volkova, N Serebrennikova, M Driever, B Mandleco (Russian Federation)
<b>S0A-650-06</b> 11:26-11:34	Evaluation of different models of training to improve health care worker knowledge of childhood TB at primary health care level in South Africa L Du Plessis, K Du Preez, M Palmer, V Azevedo, E Mhlope, A Hesseling (South Africa)
<b>S0A-651-06</b> 11:34-11:42	<b>Targeted, repetitive intervention to improve MDR-TB knowledge retention in Rayong Province, Thailand</b> D Punpiputt, S Chareonsiri, J Indrasap, C Thibbadee, A Innes (Thailand)

Onsite coaching: an effective way to improve laboratory performance in external quality assurance, Ghana



#### M-HEALTH SOLUTIONS

CHAIR: Evan Lee (Switzerland) - TRACK: Advancing the End TB strategy and other policy issues

EP-185-06 WelTel LTBI: participant experiences with a text-messaging intervention to improve latent tuberculous infection treatment adherence in Canada

K Smillie, D Mahal, M Van Der Kop, J Johnston, R Lester (Canada)

EP-186-06 Real-time monitoring of drug-resistant TB cases for better programme management: e-Smarts in Andhra Pradesh, India

J Jaju, S Achanta, J P Carel, M Parmar, A Sreenivas (India)

EP-187-06 Government commitment in GxAlert mobile technology solution enhanced DR-TB management in Nigeria K Jimoh Agbaiyero, L Ekbladh, M Benezet, G Akang, J Takle, C Macek (Nigeria, USA, Switzerland)

EP-188-06 Patient incentives, mobile health and electronic medical records for community-based DR-TB treatment at Indus Hospital, Pakistan

H Hussain, A Malik, N Salahuddin, S Khowaja, S Butt, M Basir, U Khan, A Khan (Pakistan, Singapore, United Arab Emirates)

EP-189-06 Satellite technologies use for MDR-TB treatment support

A Ismayilov, A Trusov, M Sianozova, F. Rahimov, S. Odinaeva, D. Ismatov (Tajikistan, USA, Armenia)

EP-190-06 Using mobile health to strengthen community-based management for MDR-TB in Myanmar S Aung, A Innes, P Tun, N Naung, Kz Aye, Ks Win (Myanmar, Thailand)

EP-191-06 Using mHealth techniques, onsite coaching and incentives to motivate rural pharmacies to screen and refer individuals with TB symptoms in Viet Nam

H Ngo, Dat Tran, Tuan Nguyen, J Neukom, M Theuss (Viet Nam, Myanmar)

EP-192-06 Does the use of electronic health records improve data capture of TB screening in an HIV setting? The Maina

Soko Military Hospital case study

J Nikisi, G Muyunda, T Sajisa, K Asiedu (Zambia)

#### E-POSTER SESSION 12 ► 12:15-13:15 ► POSTER AREA - HALL 3



#### PNEUMONIA AND INDOOR AIR POLLUTION

CHAIR: Stephen M Graham (Australia) - TRACK: Pneumonia in children

EP-193-06 Effect of air pollution on respiratory diseases
CANCELLED

EP-194-06 High prevalence of byssinosis among powerloom workers in Burhanpur, India

A Das, B Thapa, S Chadha, V Lal (India, Nepal)

EP-195-06 Microbiological characteristics and predictive factors for mortality in pleural infection: a single-center cohort study in South Korea

Ys Kwon, C.k. Park, H.j. Shin, Yi Kim, Sc Lim (Korea, Republic of)

EP-196-06 Study of the clinical characteristics and putcomes of patients admitted with exudative pleural effusion: improving clinical decision making in resource-limited countries

Dr Mishra (Nepal)

EP-197-06 Effect of health education on caregivers' knowledge, attitude and practice of home management of childhood acute respiratory infections in Issele-Aza

S Olarewaju, T Idaboh, Kofo Odeyemi (Nigeria)

EP-198-06 Barriers in adoption of improved stoves: inquiry among users, non-users and program managers in Sindh and Punjab provinces in Pakistan

T Jamali, A Shahid, Z Fatmi, A Khoso, Mm Kadir (Pakistan)

EP-199-06 Detecting pneumonia in resource-poor settings: searching for new devices for frontline health workers

K Baker, A Mucunguzi, L Matata, M Posada, T Memera, K Kallander (UK, Ethiopia)

EP-200-06 Diagnosis of chronic pulmonary aspergillosis: conventional and newer tools

M Richardson (UK)

#### CASE FINDING AND CONTACT TRACING

CHAIR: Tope Adepoy	ibi (Australia) - TRACK: TB in vulnerable and special populations
EP-201-06	Effectiveness of active tuberculosis screening program for Aboriginal students living in urban area, 2011-2012 Y-T- Liao, Cb Hsu, C-H- Yang, C-H Chen (Taiwan)
EP-202-06	Contribution of chemists to TB control in semi-urban areas of West Bengal, India B Sengupta, Ari Chakraborty, S Sarkar, Dr. Santanu Haldar (India)
EP-203-06	Study of active case finding for tuberculosis in prisons in Gujarat, India P Dave, S Bharaswadkar, A Amar Shah, B Vadera, H Thanki, K Rade, S Khaparde, A Sreenivas (India)
EP-204-06	TB Reach project in Odisha, India: intervention to find 'missed' TB cases from migrant slum dwellers and industrial laborers S Pattanaik, Amba Dutta (India)
EP-205-06	Seeking the lost': Intensified tuberculosis case finding amongst vulnerable communities in southern India Ckk Gali, T Thomas, S Gadala, R Ananthakrishnan, A Jacob, M Das, V Sameer, P Isaakidis (India)
EP-206-06	Model-based evaluation of contact investigations for tuberculosis in low-burden settings G Guzzetta, M Ajelli, Z Yang, L Mukasa, N Patil, J Bates, D Kirschner, S Merler (Italy, USA)
EP-207-06	Study of symptom screening for active case detection in the community using prevalence survey data K Okada, N Yamada, S Saint, T E Mao (Japan, Cambodia)
EP-208-06	Prevalence of positive tuberculosis skin test among health care workers in San Juan de Lurigancho district, Lima, Peru J Sedamano, C Ugarte-Gil, C Zamudio, G Soto, C Munayco, C Seas (Peru)

Contribution of the private sector to TB treatment outcomes: experiences from Kampala city, Uganda

D Muhwezi, D Lukoye, M Ruhweza, A Etwom, D Okello, P G Suarez, E Birabwa, D Sama (Uganda, USA)

#### **E-POSTER SESSION 14** ► 12:15-13:15 ► POSTER AREA - HALL 3



EP-209-06

#### SNIFFING OUT TB: FROM NOSE TO IMMUNOCHEMISTRY

CHAIR: Thomas Scriba (Sout	th Africa) - TRACK: TB d	agnostics, including	g molecular methods
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Thomas Scrib	a (South Africa) - TRACK: TB diagnostics, including molecular methods
EP-210-06	prepIT©●MAX: a chemical lysis method to optimize the performance of molecular TB assays J Niles, B Ray, O De Bruin, G Robideau, C Kelly-Cirino (Canada)
EP-211-06	OMNIgene® SPUTUM: a novel transport chemistry that liquefies and decontaminates sputum while maintaining viability of Mycobacterium tuberculosis B Ray, O De Bruin, J Niles, G Robideau, C Kelly-Cirino (Canada)
EP-212-06	A new tuberculosis screening tool: a hand-held electronic nose. A cross-sectional field study in Indonesia Am Saktiawati, Y Stienstra, Yw Subronto, S Sumardi, Marc Bruins, J Gerritsen, O Akkerman, T Van Der Werf (Indonesia, Netherlands)
EP-213-06	CD27 expression as a new tool to distinguish active tuberculosis from LTBI D Goletti, E Petruccioli, Lind Petrone, V Vanini, G Cuzzi, F Palmieri, E Girardi (Italy)
EP-214-06	Rapid detection of viable Mycobacterium tuberculosis using qPCR with propidium/ethidium monoazide A Takaki, K Chikamatsu, A Aono, H Yamada, Phd, K Sakashita, Lina Yi, T Matsumaru, S Mitarai (Japan)
EP-215-06	Improved diagnosis of extra-pulmonary tuberculosis by antigen detection in extra-pulmonary samples by immunochemistry-based assay  M Jørstad, M Marijani, M Ali, L Sviland, T Mustafa (Norway)
EP-216-06	Molecular detection of M. tuberculosis from sputum in a novel transport medium is not affected by laboratory delay and ambient temperature S Omar, R Peters, N Ismail, Aw Dreyer, Pb Fourie (South Africa)
EP-217-06	Cough sample collection and processing for the diagnosis of pulmonary TB W Elmaraachli, P Sislian, S Chapman, R Laniado-Laborin, D Martinez-Oceguera, N Areli Avila, A Catanzaro (USA, Mexico)



#### FROM TB DIAGNOSIS TO OUTCOMES, AND EVERYTHING IN BETWEEN

	FROM	IB DIAGNOSIS TO OUTCOMES, AND EVERYTHING IN BETWEEN
CHAIR:	Neil Schluge	er (USA) - track: HIV and TB co-infection
	EP-218-06	<b>TB treatment outcome in TB-HIV co-infected cases stratified by ART, Brazil, 2011</b> P Bartholomay Oliveira, A Torrens, F. Dockhorn, D Barreira (Brazil)
	EP-219-06	Effect of a daily 15 mg/kg dose of rifapentine on steady state pharmacokinetics of efavirenz, emtricitabine and tenofovir in HIV-positive patients C Farenc, S Doroumian, V Esposito, L Perrin, C Rauch, X Boulenc, I Cieren-Puiseux, M Maroni (France)
	EP-220-06	Effect of yoga on lung function and exercise tolerance in pulmonary impairment after tuberculosis R Singla, Mana Mallick, S Sharma, N Singla, S Gupta, Sush Munjal, Uk Khalid, Iv Basavaraddi (India)
	EP-221-06	Factors associated with high mortality Among TB-HIV co-infected patients in Kenya B Ulo, F Ngari, D Mobegi, J Ong'ang'o, E Masini, M Mungai, H K Kipruto, S Muhula (Kenya)
	EP-222-06	Outcomes of HIV-TB co-infected patients on rifabutin and antiretroviral therapy in Kenya, 2012 H Weyenga, A Katana, J Kioko, E Masini, C Munguti, E Ngugi, M Schmitz, L Ng'ang'a (Kenya)
	EP-223-06	Predictors of tuberculosis treatment outcomes in a primary care setting in South Africa G Louwagie, L Ayo-Yusuf, I Chaparanganda (South Africa)
	EP-224-06	Limitations of chest radiography for TB screening in healthy HIV-infected adults revealed by comparison with CT H Esmail, D Chhiba, Q Said-Hartley, P Scholtz, H Goodman, R Wilkinson (South Africa)
	EP-225-06	Genetic polymorphisms of N-Acetyltransferase 2 in TB-HIV cotreated patients in Durban, South Africa T Mthiyane, Cath Connolly, Y Balakrishna, T Reddy, H Mcilleron, A Pym, R Rustomjee (South Africa)
	EP-226-06	Implementation of intensified case finding and Xpert® MTB/RIF as initial TB diagnostic in HIV-positive individuals with presumed TB in 21 health facilities in Kampala, Uganda  J Lemaire, R Nyinoburyo, M Muttamba, D Asiimwe, G Lukyamuzi, A Nakanwagi-Mukwaya, M Joloba, F Mugabe (Switzerland, Uganda)
NOTES		

#### TB TIDBITS: DIAGNOSIS, SURGERY AND OUTCOMES

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CHAIR: Charlotte Schutz (South Africa) - TRACK: Drug-sensitive TB care and treatment, including trials				
PC-1122-06 Discrepancies between line probe assays and phenotypical DST for detection of MDR- and XDR-TB E Ardizzoni, S Asnong, C Mathieu, T Sebastiani, I Zabsonre, G Torrea, F Varaine, B De Jong (Belgium, France)				
PC-1124-06	Comparison of pre- and post-Xpert® tuberculosis treatment outcomes among people living with HIV in Botswana T Agizew, S Nyirenda, A Mathoma, U Mathebula, A Date, B Kgwaadira, P Pono, A Finlay (Botswana, USA)			
PC-1125-06	Trends in treatment outcome of new and retreatment tuberculosis cases in two regions of Ethiopia K Melkieneh, Z Dememew, Mr Nigussie, I Jemal Abdulahi, Y Anteneh Kassie, Dj Dare, M Aseresa Melese, P G Suarez (Ethiopia, USA)			
PC-1126-06	<b>Treatment interruption: the vicious cycle</b> B Naik, Kg Deepak, Y Patel, S Shastri, A Sreenivas, Anil Singarajipura (India)			
PC-1127-06	Surgical interventions for drug-susceptible and drug-resistant tuberculosis in Mumbai L Anande, A Dalal, S Shirodkar, M Das, H Mansoor, D Remartinez, P Isaakidis (India)			
PC-1128-06	Factors associated with mortality among TB patients in Kenya J Njenga, A Wairia, B Mungai, F Ngari, E Masini, P Agunga, M Maina (Kenya)			
PC-1129-06	Osteoplastic thoracoplasty with minimally invasive access in the complex treatment of patients with destructive pulmonary tuberculosis  D Krasnov, V Krasnov, D Skvortsov, I Felker (Russian Federation)			
PC-1130-06	Persistent sputum smear positivity in pulmonary tuberculosis patients during treatment follow-up C.m. Muvunyi, N Bizimungu, Jc Ngabonziza Semuto, Jb Mazarati (Rwanda)			

Compliance with tuberculosis diagnostic guidelines in South African public health facilities

## POSTER DISCUSSION SESSION 51 ► 12:15-13:15 ► POSTER AREA - HALL 3

Z Mclaren, A Sharp, M Triyana, J Zhou, A Nanoo (USA, South Africa)

Improving pharmacovigilance of drug-resistant tuberculosis drugs

N Misra, I Master (South Africa)



PC-1131-06

PC-1140-06

→ M/XDR	TREATMENT: TOXICITY AND STIGMA
снаік: Martie van d	er Walt (South Africa) - TRACK: Drug-resistant TB care and treatment, including trials
PC-1132-06	Adverse events among MDR-TB patients receiving second-line treatment in Cubal, Angola MI Aznar, C Bocanegra, E Gabriel, A Zacarías, I Molina, R De Carvalho, M Moreno, T Lopez (Spain, Angola)
PC-1133-06	QTc interval in patient treated with a 9-month regimen for multidrug-resistant tuberculosis M-L- Mbulula-Mawagali, Z Kashongwe Munogolo, J Toloko, F Kassa, M Gninafon, W Bekou, A Trebucq, K G Koura (Congo Democratic Rep., Benin, France)
PC-1134-06	Aminoglycoside ototoxicity in tuberculosis treatment: a review of the World Health Organization global pharmacovigilance database E Sagwa, P.c. Souverein, I Ribeiro, Hgm Leufkens, A Mantel-Teeuwisse (Namibia)
PC-1135-06	The effect of moxifloxacin and clofazimine on the corrected QT interval (QTc) in patients treated with a 9-month regimen for MDR-TB in Niger S Hassane Harouna, A Piubello, B Souleymane, S Morou, I Boukary, A Sala, K G Koura (Niger, France)
PC-1136-06	Hearing thresholds of drug-resistant tuberculosis patients: baseline audiogram configurations and associations M Fadeyi, A Sogebi, V Ibeziako, A Agbaje, E Usoroh, S Dutt, Patr Dakum (Nigeria)
PC-1137-06	Prevalence of depression and anxiety during treatment of MDR-TB patients in a tertiary care hospital Z Barry, Sara Khan, S Khan, O Qureshi, A Pasha, S Rehman, H Hussain, A Malik (Pakistan)
PC-1138-06	Occurrence of adverse events in patient receiving community-based therapy for multidrug-resistant tuberculosis in Pakistan Arsh Javaid, Ma Khan, S Mehreen, A Basit, Khan Afsarafridi, U Ullah, M Khan (Pakistan)
PC-1139-06	Adolescents' experiences of multidrug-resistant tuberculosis and of participation in clinical research K Zimri, P Rose, A Garcia-Prats, A Hesseling, H S Schaaf, G Hoddinott, L Viljoen (South Africa)

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# COMMUNITY-BASED AND SELF-ADMINISTERED TREATMENT OF DRUG-RESISTANT TB

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	снаги: Marian Loved	day (South Africa) - TRACK: Drug-resistant TB care and treatment, including trials
	PC-1141-06	A causal loop analysis of the rollout of community-based MDR-TB care in South Africa R Chimatira (South Africa)
	PC-1142-06	Self-administered treatment for the continuation phase of drug-resistant tuberculosis treatment: feasibility and impact on patient outcomes E Mohr, H Cox, L Wilkinson, G Van Cutsem, V Cox, J Daniels, O Muller, B Beko, J Hughes (South Africa)
	PC-1143-06	Decentralization of drug-resistant tuberculosis: translating policy into practice N Misra, I Master, H Sunpath, S Fynn (South Africa)
	PC-1144-06	HIV and drug-resistant TB co-management: the importance of strengthening pharmacovigilance in South Africa N Ndjeka, S Berrada, M Dheda, J Jooste (South Africa)
	PC-1145-06	Community-based M/XDR-TB care in South Africa: feasibility and lessons learnt J Hughes (South Africa)
	PC-1146-06	The impact of decentralization of Programmatic Management of Drug-resistant Tuberculosis services in Swaziland Z Tfwala, N Dlamini, G Mchunu, F Khumalo, W Sikhondze (Swaziland)
	PC-1147-06	Community-based management of MDR-TB patients: experience from Malawi H S Kanyerere, J Mpunga, H Banda, C Kang'ombe, I Dambe (Malawi)
	PC-1148-06	MDR-TB treatment outcomes: task-sharing is effective in improving access without compromising outcomes J Farley, J Farley, N Ndjeka, C Budhathoki, E Bergren, N Mlandu, M Van Der Walt (USA, South Africa)
	PC-1149-06	High treatment success for multidrug-resistant tuberculosis in Africa: initiation and scale-up of the Ethiopian

D Kokebu, J Andrews, R Hurtado, E D Ejara, K Abato, T Daniel, T Sok, A Goldfeld (Ethiopia, USA, Cambodia)

#### POSTER DISCUSSION SESSION 53 ► 12:15-13:15 ► POSTER AREA - HALL 3

S Yesypenko, A Aleksandrin, M Dolynska (Ukraine)

countrywide collaborative treatment



#### INFECTION CONTROL

CHAIR: Paul Jensen (USA) - TRACK: TB infection control

ı: Paul Jensen	(USA) - TRACK: 1B Infection control
PC-1150-06	Tuberculosis and its presentation in in-patient units of a university hospital W De Andrade Pereira De Brito, F Dias E Sanches, C Cângani De Araújo, V Gutterres Silva (Brazil)
PC-1151-06	Implementation of infection control practices to prevent TB transmission among PLHIV in five healthcare facilities, Belize, 2014-2015  D Forno, F Morey, R Lorenzana, M Briggs, V Lipke (Guatemala, Belize, USA)
PC-1152-06	Airborne infection control within drug-resistant tuberculosis centres in Tamil Nadu, India: does practice follow policy? S Hr, Priy Rahul, D Ranganathan, M Lakshmi (India)
PC-1153-06	Natural human-to-guinea pig model to test TB transmission interventions in South Africa: ten years later A Stoltz, E De Kock, J.a Kruger, S Keulder, A Dharmadhikari, P Jensen, I Orme, E Nardell (South Africa, USA)
PC-1154-06	Results of a baseline infection control assessment at identified decentralized MDR TB facilities in South Africa A Peters, J Farley, J Pienaar, M Mphahlele, I Asia (South Africa, USA)
PC-1155-06	A comparative study of the design of two hospitals on the Cape Flats with regard to user risk of contracting TB K Bingham (South Africa)
PC-1156-06	<b>Establishment of a TB infection control demonstration site and training base for better TB control in Tajikistan</b> Z Tilloeva, O Bobokhojaev, A Trusov, A. Hovsepyan, J Ismoilova, T. Alieva (Tajikistan, USA)
PC-1157-06	Improving TB infection control in Odesa, Ukraine

#### TB AND NUTRITION

CHAIR: Anurag Bhargava (India	- TRACK: TB and diabetes/TB	and other non-HIV comorbidities
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Role of nutritional support in improving treatment outcomes among MDR-TB patients: experience of the Damien PC-1158-06 Foundation

S Mugudalabetta, S K Muthusamy, L Gujral, S Satheesh (India)

A holistic approach to TB prevention and care: a study in Jabalpur MP. India PC-1159-06

A Kollamparampil, P Varghese, M Puthenchirayil, G Singh, Reji Mathew, B Entoor Ramachandran, R Babu (India)

Severe malnutrition impairs treatment response among India's initial MDR-TB cohorts PC-1160-06

M Parmar, Ks Sachdeva, K Rade, P Darsini, R Pant, A Sreenivas, P Dewan (India)

Role of nutrition status in multidrug-resistant tuberculosis conversion PC-1161-06

N Librianty, Dr Soepandi, D Handayani, A Fuady (Indonesia, Netherlands)

Is food support for malnourished TB patients associated with treatment outcomes. TB case mortality in Kenya PC-1162-06

J Njenga, A Wairia, B Mungai, F Ngari, E Masini, M Maina, P Agunga (Kenya)

Does nutrition support during TB treatment improve TB treatment outcomes in Kenya? PC-1163-06

M Mang'ut, B Ulo, F Ngari, M Okoth, M Mungai, R Wambu, E Masini, T Kiptai (Kenya)

Assessing the impact of nutritional support on multidrug-resistant tuberculosis patients in Kenya PC-1164-06

R Kiplimo, R Wambu, H K Kipruto, E Masini (Kenya)

Food parcels and adherence to TB treatment PC-1165-06

A Nivazov, A Trusov, E Kukhranova, A Duishekeeva (Kvrqvz Republic, USA)

#### POSTER DISCUSSION SESSION 55 ► 12:15-13:15 ► POSTER AREA - HALL 3



#### **MOLECULAR EPIDEMIOLOGY AND MODELLING:** HOW CAN WE BREAK THE CYCLE OF TRANSMISSION?

CHAIR: Stella van Beers (Netherlands) - TRACK: TB epidemiology

Molecular epidemiology of tuberculosis in Havana, Cuba, 2009 PC-1166-06

A González Díaz, T Battaglioli, R Díaz, R Goza Valdés, E Gonzalez Ochoa, P Van Der Stuyft (Cuba, Belgium)

A bacterial perspective on tuberculosis in West Africa PC-1167-06

F Gehre, S Kumar, L Kendall, Me Kitata, E Abatih, M Antonio, D Berkvens, B De Jong (Belgium, Ethiopia)

A longitudinal study of the continued transmission of Mycobacterium tuberculosis in eastern rural China PC-1168-06

B Xu, L Wu, W Jiang, Q Zhao, Yi Hu (China)

Spoligotype profile of Mycobacterium tuberculosis complex strains isolated from pulmonary tuberculosis patients PC-1169-06

in Khartoum State. Sudan

A Elegail, Nuha Yousif Ibrahim Mohamed, Eo Mohamed Nour, S Hoffner, M Haile (Sudan, Sweden)

Role of stochasticity in reaching the 2025 global targets PC-1170-06

G Huynh, M Roh (USA)

A novel regression-based tool to improve estimates of the proportion of tuberculosis incidence due to recent PC-1171-06

transmission in settings of sparse data

P Kasaie, B Mathema, W.d. Kelton, A Azman, J Pennington, D Dowdy (USA)

Individual and population-level effects of household exposure on tuberculosis transmission: a systematic review PC-1172-06

and meta-analysis

L Martinez, Y Shen, E Mupere, A Ezeamama, S Isaacson, A Kizza, P Hill, Cc Whalen (USA, Uganda, New Zealand)

Mycobacterium tuberculosis transmission is associated with attendance at community gathering places in rural PC-1173-06

P Khan, T Mzembe, K Kranzer, D Mulawa, O Koole, K Fielding, J Glynn, A Crampin (UK)

PC-1327-06 MDR-TB strains have an increased propensity to acquire PZA resistance in the context of DOTS-based

F Lanzas, P Karakousis, E Lopez, J Jurado, J Sacchettini, T loerger (Panama)



#### TBILISI TO LIMA: A JOURNEY THROUGH TB TREATMENT OUTCOMES

CHAIR: Jacqueline Firth (USA) - TRACK: TB epidemiology

PC-1174-06 Assessment of treatment outcome and associated factors among retreatment tuberculosis patients in selected government health facilities, Eastern Ethiopia

Y Moges, K Kibret (Ethiopia)

PC-1175-06 Treatment outcomes for multidrug-resistant tuberculosis patients under DOTS-Plus: systematic review and meta-analysis

Y Moges (Ethiopia)

PC-1176-06 Adverse reactions associated with injectable second-line anti-tuberculosis drugs among patients with M/XDR-TB in Tbilisi, Georgia

M Buziashvili, V Mirtskhulava, M Kipiani, N Tukvadze, J Furin, M Magee, R Kempker, H Blumberg (Georgia, USA)

PC-1177-06 Poor tuberculosis treatment outcomes in the district of Manhiça, Mozambique, 2011-2012

Al Garcia-Basteiro, D Respeito, O Joaquim Augusto, E Lopez Varela, C Sacoor, I Manhiça, F Cobelens, P Alonso (Mozambique, Netherlands)

PC-1178-06 Investigating gender differences in the profile and treatment outcomes of tuberculosis in Ebonyi State, Nigeria: implications for tuberculosis control

S Oshi, I Alobu, K Ukwaja, D Oshi (Nigeria)

PC-1179-06 Agbami tuberculosis control and management initiative in Nigeria

S Kashim, H Deji, O Sam, A Thomas, O Pitan, C Onwurah, O Sunday, E Egbochukwu

PC-1180-06 Characteristics of patients with active TB and their relation to treatment outcomes in patients previously treated in two DISAS of Metropolitan Lima

C C Contreras, M Lindeborg, D Chen, Mf Franke, S Shin (Peru, USA)

PC-1181-06 Prevalence, risk factors, and treatment outcomes of isoniazid- and rifampicin-monoresistant pulmonary

tuberculosis in Lima, Peru

L Villegas, L Otero, T Sterling, E Gotuzzo, C Seas (USA, Peru)

POSTER DISCUSSION SESSION 57 ▶ 12:15-13:15 ▶ POSTER AREA - HALL 3



#### WHEN THE TAIL WAGS THE DOG: DRUG RESISTANCE IN TB PROGRAMMES

CHAIR: Moses Kitheka (Kenva) - TRACK: TB epidemiology

PC-1182-06 Sputum bacterial load predicts multidrug-resistant tuberculosis in retreatment patients: a case-control study M Sander, C Vuchas, H Numfor, A Nsimen, J-L Abena Foe, J Noeske, A Van Deun, K Morgan (Cameroon, Belgium)

PC-1183-06 Is 'initial loss to follow-up' overestimated in India's TB programme?

S Shastri, S Burugina Nagaraja, S Katakol (India)

PC-1184-06 Why the current TB performance in Nigeria? Obvious but hidden deterrent factors

M Gidado, Sani Useni, J Onazi, N Peter, E Mitchell, C Fischer, G Akang, R Eneogu (Nigeria, Netherlands)

PC-1185-06 Prevalence of pre-XDR-TB and XDR-TB among MDR-TB patients registered at the Ojha Institute of Chest

Diseases, Karachi

N Rao, S Baig, N Ahmed, D Rao (Pakistan)

PC-1186-06 Description of new pulmonary tuberculosis cases in southern India

G Roy, R Kubiak, A Sivaprakasam, N Hochberg, S Govindarajan, P Salgame, J Ellner, S Sarkar (USA, India)

PC-1187-06 Role of exogenous reinfection in patients with recurrent tuberculosis in the United States

J Interrante, M Haddad, L Kim, N Gandhi (USA)

PC-1188-06 Risk factors associated with tuberculosis in Kazakhstan: implications for disease prevention and control

A Davis, A Aifah, A Terlikbayeva, Z Zhumadilov, T Abildaev, M Darisheva, N Schluger, N El-Bassel (USA, Kazakhstan)

PC-1189-06 Projecting the impact of alternative drug susceptibility testing strategies on future TB drug resistance

M Fofana, S Shrestha, G Knight, T Cohen, R White, F Cobelens, D Dowdy (USA, UK, Netherlands)

## 

#### ADVANCING THE END TB STRATEGY AND OTHER POLICY ISSUES

CHAIR: LUC	/ Chesire	(Kenva)	- TRACK: Advancing	the End TE	3 strategy a	and other	policy issues

PC-1191-06	Impact of social support in all forms of TB case detection and in MDR-TB treatment outcome
	S Islam, M Rana, M Siddiqui, M Akramul Islam, S Reza, S Alam, M Haque (Bangladesh)

## PC-1192-06 School-based TB prevention activities in Georgia G Bakhturidze, Nana Peikrishvili (Georgia)

## PC-1193-06 Understanding the effectiveness of engaging pharmacists in TB care and control from the TB patient's perspective

V Panibatla, S Prasad (India)

## PC-1194-06 Increasing TB case detection in small-scale private facilities through sputum sample networking in Nyanza, Kenya

P Izulla, Jh Ochieng, G Cheruiyot, J Marwanga (Kenya)

## PC-1195-06 Measuring the effect of two community-based intervention strategies on diagnostic delay in Southern Ethiopia L Blok, G Asnake, D Gemechu, M Bakker (Netherlands, Ethiopia)

## PC-1196-06 Engaging commercial transporters (Keke NAPEP) in mobilizing community members for TB services: experiences from Imo state, Nigeria.

A F Omoniyi, Ayo Awe, G Akang, G Madu, E Ubochioma, M Gidado, C Orji, R Eneogu (Nigeria)

## PC-1197-06 Engaging commercial motorbike riders in creating TB awareness in the communities in Oyo State, Nigeria O Lawal, O Oladimeji, O Eltayeb, O Daniel, A Awe, M Gidado (Nigeria, Belgium)

PC-1198-06 Tuberculosis contact investigation: perspectives of TB contacts in Kampala, Uganda
I Ayakaka, S Ackerman, L Davis, A Katamba, E Fair, A Cattamanchi, M Handley, J Ggita (Uganda, USA)

#### POSTER DISCUSSION SESSION 59 ► 12:15-13:15 ► POSTER AREA - HALL 3



#### **BASIC SCIENCE: HOST**

CHAIR: Willem Hanekom (South Africa) - TRACK: Basic science

PC-1199-06	Quantitative membrane proteomics reveals new functions of CD13 in Mycobacterium tuberculosis infection
	C-P- Kuo, R Lin (Taiwan)

PC-1200-06 T-lymphocyte dysfunction is responsible for immunosuppression in active tuberculosis C-C- Shu, J-Y- Wang, C-J- Yu (Taiwan)

## PC-1201-06 Recruitment of antigen specific T-cells in pulmonary tuberculosis B. Kalsdorf, T. Schmidt, F. Patruccioli, J. Hofmeister, M. Saster, D. Goletti, C. Lange (German)

B Kalsdorf, T Schmidt, E Petruccioli, J Hofmeister, M Sester, D Goletti, C Lange (Germany, Italy)

PC-1202-06 Smoking and interleukin-4 gene C-589T polymorphism in patients with chemoresistant pulmonary tuberculosis
D Butov, M Kuzhko, Ni Makeeva, T Butova, A Stepanenko, Nn Pitenko (Ukraine)

PC-1204-06 Epigenomic effects of hookah tobacco smoke in normal human respiratory epithelia and lung cancer cells D Schrump, Y Xiong, S Xi, S Azoury, M Zhang, J Shan, J Hong (USA)

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#### **IMAGINING AND PREDICTION RULES FOR TB DIAGNOSIS**

CHAIR: Alice Christensen (South Africa) - TRACK: TB diagnostics, including molecular methods

PC-1205-06 Early mortality, TB and C-reactive protein in sputum smear-negative, antiretroviral treatment eligible Malawian adults with fever or weight loss

**CANCELLED** 

PC-1206-06 An improved hardware neutral computer aided detection platform for tuberculosis interpretation from chest X-rays with advanced false-positive reduction

M Acharyya (India)

PC-1207-06 Imaging characterization of cavitatory lesion of lungs and histopathological correlation: a hospital-based prospective observational study

S Dahal (Nepal)

PC-1208-06 Objective computerized chest radiography screening to detect tuberculosis in the Philippines

R Philipsen, C Sánchez, P Maduskar, J Melendez, B Van Ginneken, Wj Lew (Netherlands, Philippines)

PC-1209-06 Computerized reading of chest radiographs in The Gambia National Tuberculosis Prevalence Survey: retrospective

comparison with human experts

P Maduskar, I Adetifa, E Leroy Terquem, J Van Den Hombergh, A Fasan-Odunsi, C Sánchez, U D'alessandro, B Van Ginneken (Netherlands, Gambia, France)

PC-1210-06 Development of a clinical prediction rule for the diagnosis of pleural tuberculosis in Peru A Soto, L Solari, J Agapito, P Van Der Stuyft (Peru)

PC-1211-06 A systematic review of prediction models for estimating the probability of pulmonary tuberculosis in adults

S Van Wyk, H-H- Lin, M Claassens (South Africa, Taiwan)

PC-1212-86 The usefulness of 18F PET/CT to determine sterilising cure in tuberculosis treatment

**CANCELLED** 

#### POSTER DISCUSSION SESSION 61 ▶ 12:15-13:15 ▶ POSTER AREA - HALL 3



#### ALTERNATIVE DIAGNOSTICS FOR DRUG RESISTANCE

CHAIR: Bruce Kirenga (Uganda) - TRACK: TB diagnostics, including molecular methods

PC-1214-06 Multicenter evaluation of high resolution melting curve for detection of extensively drug-resistant

Mycobacterium tuberculosis

Yu Pang, X Hui, H Dong, Z Zhang, S Huan, J Zhang, D Chin, Y Zhao (China)

PC-1215-06 Revisiting the microbial diagnosis of drug-resistant tuberculosis

E Cambau (France)

PC-1216-06 Mutations associated with second-line tuberculosis drug resistance in Georgia

N Bablishvili, N Tukvadze, E Shashkina, B Mathema, Z Avaliani, N Gandhi, H Blumberg, R Kempker (Georgia, USA)

PC-1217-06 Changes in mutations: a closer look at GenoType MTBDRplus assay results for the molecular diagnosis

of drug-resistant M. tuberculosis in Lima, Peru

R Calderon, C Pantoja, Kare Tintaya, L Lecca, J Coit, D Coleman, G R Davies, C Mitnick (Peru, USA, UK)

PC-1218-06 Predictive value of the new Genotype MTBDRsl V2 for the baseline detection of drug resistance mutations among

multidrug resistant tuberculosis patients

A W Dreyer, S Omar, N Ismail (South Africa)

PC-1219-06 Preliminary analytical performance of the BD MAX MDR-TB assay for the detection of M. tuberculosis complex

and rifampicin and isoniazid resistance

I Ashman, M Porter (USA)

#### INSIGHTS INTO DRUG-RESISTANT TUBERCULOSIS FROM GHANA TO PERU

CHAIR: Nonkqubela Bantubani (South Africa) - TRACK: Drug	g resistance determination - molecular and phenotypic
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PC-1221-06	Discordant rifampicin resistance results on MGIT960 and Xpert® MTB/RIF in the TB Control in Prisons
	Programme of Azerbaijan

E Gurbanova, K Blondal, F Mirzayev, R Tahirli, Vikt Popova, R Mekhdiyev, A Ismayilov, A Altraja (Azerbaijan, Iceland, Switzerland, Estonia)

Feasibility of multidrug-resistant tuberculosis treatment with improved regimens based on drug resistance PC-1222-06 profiles

Mh Wu, R Jou (Taiwan)

First- and second-line Mycobacterium tuberculosis drug resistance at a tertiary hospital chest clinic in Ghana PC-1223-06 S Kudzawu, M Omari, A Forson, A Badoo, H Ganu, B C De Jong, J Otu, A Kwara, M Antonio (Ghana, Gambia)

Stable anti-tuberculosis drug resistance prevalence in Bamako, Mali, 2006-2014 PC-1224-06 B Diarra, M Sanogo, B Baya, A Togo, Sady Tounkara, S Dao, B De Jong, S Diallo (Mali, Belgium)

From facility to finding drug resistance mutations: drug resistance survey in Nigeria PC-1225-06 V Sebastian, I Uko, G Akang, T Abiola, S Ogiri, Denn Onotu, N. Nwokoye, M Zignol (Nigeria, Switzerland)

Scaling up of a commercial line probe assay for diagnosis of drug resistance and evaluation against an agar PC-1226-06 proportion method in Peru Z Puyen, Jr Acosta Barriga, L Solari (Peru)

Evaluation of Mycobacterium tuberculosis resistance levels and cross-resistance to isoniazid and rifampin with PC-1227-06 their respective structural analogues

I Rukasha, H Said, S Omar, Aw Dreyer, A Hoosen, N Ismail (South Africa)

Routine surveillance for anti-tuberculosis drug resistance in two districts of Botswana, 2012-2014 PC-1228-06 A Finlay, J Basotli, C Modongo, E Click, J Oeltmann, R Boyd, N Zetola, P Moonan (USA, Botswana)

#### POSTER DISCUSSION SESSION 63 ▶ 12:15-13:15 ▶ POSTER AREA - HALL 3



#### MDR-TB: DETECTION PREVALENCE AND DRIVERS

CHAIR: Helen Cox (South Africa) - TRACK: TB laboratory services: organisation and quality assurance

PC-1229-06 Why MDR-TB patients do not accept treatment Z Xu, L Bai (China)

RNTCP experience in rolling out base-line second-line drug susceptibility testing among MDR-TB cases PC-1230-06 M Ghedia, Ks Sachdeva, A Amar Shah, S Anand, P Parmar, R Ramachandran, A Sreenivas, F Sayved Imran (India)

Genetic characterization of multidrug-resistant Mycobacterium tuberculosis strains from various regions of Delhi PC-1231-06 J Arora, Z Sidiq, Manp Bhalla, P Visalakshi, Vith Myneedu, U Singh, D Behera, R Sarin (India)

Multidrug-resistant tuberculosis among foreign-born persons in Japan PC-1232-06 N Kobayashi, T Hattori, T Kirikae, S Kato, J Suzuki, K Ohta (Japan)

Drug-resistant tuberculosis and risk factors of multidrug resistance in Ukraine: results of PC-1233-06 the first nationwide survey

E Pavlenko, A Barbova, A Hovhannesyan, Z Tsenilova, A Slavuckij, A Dean, M Dara, A Dadu (Ukraine, Armenia, Switzerland, Denmark, Moldova)

Prevalence of MDR-TB and drug resistance patterns in retreatment cases in Puniab. Pakistan PC-1234-06 A Majeed, M Awais Arif, H Javed, S Kanwal (Pakistan)

PC-1235-06 Estimating true MDR prevalence rates using routinely collected data Z Mclaren, R Burger (USA)

Drug resistance patterns in MDR-TB patients: challenges for future regimen design PC-1236-06 H Stagg, J Brown, E Ibraim, V Riekstina, P Viiklepp, G Dravniece, C Jackson, P White (UK, Estonia, Switzerland)

#### PATIENT-CENTRED CARE AND METHODS TO IMPROVE TREATMENT ADHERENCE

CHAIR: Kedibone Mdolo (South Africa) - TRACK: Patient-centred care

PC-1237-06	Health-related quality of life assessment using EQ-5D in newly diagnosed pulmonary tuberculosis patients
	S Mcallister, S Imaculata, Y Laurence, S Kerry, J Critchley, P Hill, R Ruslami, B. Alisjahbana (Indonesia, UK, New Zealand)

PC-1238-06 Audit and improvement of the clinical pathway for adult pulmonary tuberculosis in Bethesda Hospital, Yogyakarta, Indonesia

T Lestari, A Probandari, Ha Sanjoto, H Djasri, - Iswanto, Y Mahendradhata, Adi Utarini (Indonesia)

- Éxito del TAES en personas con TB, afromestizos, mediante la atención centrada por enfermería, en PC-1239-06 Cuajinicuilapa, Costa Chica, Guerrero, México R E Huicochea, M Clemente, V Leyva (Mexico)
- Patient-centred behaviour change communication materials can help to reduce social stigma and improve PC-1240-06 treatment adherence G Mishra, L Lochting, H Amdal, B Lamichhane, A Thapa (Nepal, Norway)
- Unveiling treatment supporter roles behind completion of treatment by TB patients: implications for a new PC-1241-06 agenda setting for lung health R Olukolade, A Hassan, R Kusimo, L Okwuonye, J Okechukwu, J Osho, S T Abdurrahman, C Ogbuji (Nigeria)
- A patient-centered TB counseling strategy impacts out-patient follow-up in Yunnan, China PC-1242-06 M Li, A Innes, X Zhao, L Ling, M Ma, M Li, C Du, X Xu (China, Thailand)
- PC-1243-06 Barriers and facilitators to treatment adherence among MDR-TB patients in Yunnan, China X Lin, L Ling, X Xu, C Wong, Y Guo, A Innes (China, Thailand)
- Patient satisfaction and adherence to medication among adult patients with pulmonary tuberculosis in Uganda PC-1244-06 H Babikako, D Neuhauser, A Katamba, E Mupere, Cc Whalen (Uganda)
- The effects of peer education on treatment adherence of MDR-TB patients in Kunming, China PC-1245-06 G Nie, W Zhang
- Where there is hope: a qualitative study examining adherence to MDR-TB treatment in Karakalpakstan, PC-1246-06 Uzbekistan S Horter, B Stringer, J Greig, P Du Cros, S Dietrich, M Tillyashaykhov, Nn Parpieva, Z Tigay (UK, Uzbekistan)

#### POSTER DISCUSSION SESSION 65 ► 12:15-13:15 ► POSTER AREA - HALL 3



## WHY ARE YOU LATE? DELAY IN TREATMENT ACCESS

CHAIR: Joseph Lou Keni (South Sudan) - TRACK: Patient-centred care

- PC-1247-06 Delays in TB diagnosis at Parakou, Benin S Amidou, R Baguidi, A Wachinou (Benin)
- Patient and provider delay in pulmonary tuberculosis patients: a cross-sectional study in Addis Ababa city, PC-1248-06 Ethiopia D Assefa Lemma, N Kamp, E Klinkenberg (Ethiopia, Netherlands)
- TB treatment delays in Odisha, India: is it expected even after so many years of RNTCP implementation? PC-1249-06
- K Ilangovan, S Burugina Nagaraja, R Ananthakrishnan, A Jacob, J Tripathy, D Tamang (India)
- Health-seeking behaviour and delay in diagnosis of tuberculosis in Indi. PC-1250-06 S Nayak, P Sharma (India)
- Clinical characteristics and diagnostic delay in spinal tuberculosis patients in The Netherlands PC-1251-06 D Ijdema, C Magis-Escurra, P Horsting, C Erkens, R Aarnoutse, M Boeree (Netherlands)
- Barriers to accessing rapid second-line treatment initiation for drug-resistant TB in South Africa PC-1252-06 L Dickson-Hall, C Tomlinson, H Cox, J Furin, A Van't Hoog, A Grant, C Oosthuizen, M Nicol (South Africa, USA, Netherlands, UK)
- Why they said they got tested for TB PC-1253-06 D Skinner, M Claassens (South Africa)
- Diagnostic delay and associated factors among patients with pulmonary tuberculosis in Dar es Salaam, Tanzania PC-1254-06 K Ibrahim, J Hella, F Mhimbira, L Fenner, T Maroa, M Chiryamkubi, T Maroa (Tanzania, United Rep., Switzerland)
- PC-1255-06 Patients suspecting TB are diagnosed earlier Simo Mutembo, J.m Mutanga, J Sekandi Nabbuye, B Mwangelwa, C Kanene, K Musokotwane, J Chinyonga, Cc Whalen (Zambia, Uganda)
- Specimen transportation system in Zimbabwe: an innovative way to overcome barriers to accessing early TB PC-1256-06 diagnosis in a resource limited settings. C Zishiri, R Ncube, M Nqobile, K Charambira, C Sandy, A Kanjanga, Mich Jonasi, P Shiri (Zimbabwe)

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#### **GENDER ISSUES IN TB AND TOBACCO**

chair: Sylviane Ratte	(France) - TRACK	: TB in vulnerable and	special populations
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PC-1257-06	Involvement of female community health workers in BRAC-supported areas for TB control
	S Alam, S Reza, Makb Basher, M Rana, M Akramul Islam, M Chowdhury, M Haque (Bangladesh)

- PC-1258-06 Smoking-attributed mortality in women in Tianjin, China: case-control study of all adult deaths from 2010 to 2013 W Li, Gh Jiang, Zl Xu, Dz Wang, W Zheng (China)
- PC-1259-06 Gender differences in the presentation of tuberculosis, Medellin, Colombia, 2010 L Villa, Mp Arbeláez (Colombia)
- PC-1260-06 TB control amongst brothel- and street-based female sex workers: findings from the Western sex corridor, Maharashtra

O Bera, M Chandge, S Kamble, S Nayak, S Mohanty, R Deshmukh, S Chadha, P Banuru Muralidhara (India)

- PC-1261-06 TB screening and testing at antenatal care clinics in Burkina Faso
  A Roggi, Y Moyenga, G Sulis, S Gnanou, I Zombra, S DiandÉ, F Castelli, A Matteelli (Italy, Burkina Faso)
- PC-1262-06 Frequency and predictors of oral lesions in women with smokeless tobacco use: a cross-sectional study in squatter settlements of Karachi, Pakistan

  M Irfan, F Idrees, J Khan (Pakistan)
- PC-1263-06 Gender profile of TB screening and diagnosis in Ugu District, South Africa
  L Oldja, R Forse, A Mohiuddin, S Khowaja, A Khan, L Page-Shipp (South Africa, Pakistan, Singapore)
- PC-1264-06 Gender differences in treatment completion of tuberculosis patients in Kampala City, Uganda
  A Etwom, D Mumpe Mwanja, M Kenneth, D Sama, D Lukoye, D Kimuli, W Amutuhaire, M Ruhweza, P G Suarez (Uganda, USA)
- PC-1265-06 Capacity building among women in tobacco control B I Chitindi, B Chipopo (Zambia)

#### POSTER DISCUSSION SESSION 67 ► 12:15-13:15 ► POSTER AREA - HALL 3



#### THE SPECTRUM OF LIFE: MINERS, DRUG USERS AND THE ELDERLY

CHAIR: Salome Charalambous (South Afgrica) - TRACK: TB in vulnerable and special populations

PC-1266-06 Active case finding for tuberculosis among elderly individuals (55 years and older) in Thoung Khmum Operational District, Cambodia

S Scholtissen, O Camelique, M Bonnet, M Bastard, C Hewison, A Palomares, D Dowdy, I Chikwanha (Belgium, Cambodia, France, USA, Japan)

PC-1267-06 Identification of rifampicin resistance among injecting drug users at entry screening in Cipinang DC: where will it lead?

Yn Sumarli, Erna Nurhidayat, Yi Hiola, Ummu Salamah, N Tandirerung, M Samsuri, Mr Christian (Indonesia)

PC-1268-06 Characteristics of tuberculosis among elderly TB patients in Kenya

R Muthee, D Nyangahu, B Langat, R Kiplimo, M Githiomi (Kenya)

- PC-1269-06 Situational assessment of tuberculosis in mines in Myanmar St Aung, Ohn Myint, Thi2 Kyaw, E Cooreman (Myanmar)
- PC-1270-06 TB case finding among the elderly in a congregate setting R Fabella. C Malibiran. R Bunao (Philippines)
- PC-1271-06 Psychological distress and its relationship with non-adherence to TB treatment: findings from a multicentre clinical trial

G Theron, J Peter, L Zijenah, D M Chanda, C Mangu, P Clowes, D Stein, K Dheda (South Africa, UK, Zimbabwe, Zambia, Tanzania, United Rep.)

- PC-1272-06 Implementing a high volume TB screening programme in peri-mining communities in South Africa F Popane, M Radile, C Rithuri, D Ratema, M Dube, L Page-Shipp (South Africa)
- PC-1273-06 Using TB refill sites to determine the burden of TB amongst ex-miners in Swaziland to improve community contact tracin

V Masuku, G Mchunu (Swaziland)

PC-1274-06 Addressing TB among people who inject drugs through the community initiated treatment intervention in Ukraine O Denisiuk, Anna Tyshkevych, Pavo Smyrnov (Ukraine)



#### PAEDIATRIC TB: IPT, CONTACT TRACING AND CHILD PERSPECTIVES

CHAIR: Kobto G Koura (France) - TRACK: TB in children

PC-1275-06	Contact screening and expanding childhood TB diagnosis and treatment of TB in Bangladesh
	S Islam, S Reza, M Akramul Islam, V Begum, K Khatun, M Hague (Bangladesh)

# PC-1276-06 INH preventive therapy for under-five children in two regions of Ethiopia Y Tadessse, Mr Nigussie, I Jemal Abdulahi, Dr Habte, S Negash, Dj Dare, J Degu, Y Haile, M Aseresa Melese, P G Suarez (Ethiopia, USA)

## PC-1277-06 Close contact tracing of children in urban slums of Delhi, India D Kundu, S Chandra, K Chopra, A Khanna (Belgium, India)

- PC-1278-06 TB disease prevalence among children exposed to drug-susceptible TB patients: the Indus Hospital TB program F Amanullah, A Malik, K Asif, M Jaswal, R Jafri, H Hussain (Pakistan)
- PC-1279-06 Lessons learnt from conducting clinical trials for new TB drugs in children M T Gler, M Frias, R Reyes, J Hafkin (Philippines, USA)
- PC-1280-06 What can visual methods contribute to paediatric TB treatment experience?

  K Abney (South Africa)
- PC-1281-06 Outcomes of IPT usage among children < 5 years old in a TB Reach contact tracing project in Swaziland R Golin, P Ustero, P Swamy, J Glickman, K Ngo, S Dlamini, M Hlatshwayo, A Mandalakas (Swaziland, USA)
- PC-1282-06 Feasibility and yield of hospital-based screening of household child contacts of newly diagnosed adult tuberculosis patients

  J Kiwanuka, C Kyakwera, N Kyomugasho, D Atwine, M Nansumba, Y Boum Ii, J Mwanga-Amumpaire, M Bonnet (Uganda, Switzerland)
- PC-1283-06 Symptom-based screening of child contacts of tuberculosis cases: a prospective cohort study in Uganda M Bonnet, C Kyakwera, N Kyomugasho, D Atwine, M Nansumba, Y Boum Ii, J Mwanga-Amumpaire, J Kiwanuka (Switzerland, Uganda)

#### POSTER DISCUSSION SESSION 69 ► 12:15-13:15 ► POSTER AREA - HALL 3



## PAEDIATRIC TB: EPIDEMIOLOGY - II

CHAIR: Helena Rabie (South Africa) - TRACK: TB in children

- PC-1284-06 Systematic review of the epidemiology of and programmatic response to TB in children in South Africa A Garcia-Prats, F Adeniyi, S Nicol, K Du Preez, H Rabie (South Africa)
- PC-1285-06 Childhood tuberculosis in Mbarara National Referral Hospital, Uganda: a description of patients and diagnosis
  E Kumbakumba, M Nansumba., J Kiwanuka, M Bastard, P Orikiriza, D Nansera, Y Boum Ii, M Bonnet (Uganda, France, Switzerland)
- PC-1286-06 High burden of tuberculosis and delayed initiation of treatment among children in a resource restricted setting S Kizito, A Katamba, C Atuhaire, G Amanya, E Obuku (Uganda)
- PC-1287-06 Capacity of health facilities to diagnose and manage childhood TB in Uganda
  M Sekadde, R Asiimwe, B Ngwatu, P Bakkabulindi, E Namusoke-Magongo, E Quinto, S Okokwu, F Mugabe (Uganda)
- PC-1288-06 DETECT Child TB: increasing access to TB services for children in Uganda
  S Muyanja, A Detjen, F Mugabe, M Sekadde, J Nakaweesi, M Murungi, S M Graham, A Nakanwagi-Mukwaya (Uganda, USA, Australia)
- PC-1289-06 "Looking where the light is bad": engagement in care among individuals with LTBI in the United States
  J Mancuso (USA)
- PC-1290-06 Association between latent tuberculous infection and indoor air pollution among household contacts of pulmonary tuberculosis cases
  S K Sahu, D Reddy, A Mcintosh, R Kubiak, G Roy, J Ellner, S Sarkar, N Hochberg (India, USA)
- PC-1291-06 Clinical and immunologic profile of TB-HIV co-infected children at a paediatric HIV clinic in Uganda H Lukolyo, M Murungi, A Mandalakas, D Damba, K Ngo, A Kekitiinwa (USA)
- PC-1292-06 Adolescent TB treatment outcomes in Gaborone, Botswana
  L Enane, E Lowenthal, T Arscott-Mills, B Kgwaadira, S Coffin, A Steenhoff (USA, Botswana)



#### THE 2 'TS': LINKING TB AND TOBACCO

PC-1293-06	Tobacco smoking and recurrent pulmonary tuberculosis in Armenia
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A Harutyunyan, V Petrosyan, N Truzyan (Armenia)

PC-1294-06 Incorporating tobacco control with community-based TB services in improving TB cure rates and tobacco guit

rates in urban centers in Bangladesh

Makb Basher, S Islam, S Reza, S Alam, M Siddigui, M Akramul Islam, M Hague (Bangladesh)

Does smoking during tuberculosis treatment affect outcomes? A cross-sectional study in Chandigarh, India PC-1295-06

S Goel, J Kathiresan, A Garg, R J Singh (India)

Assessment of pulmonary tuberculosis and its association with smoking habits in Paniya tribes of India PC-1296-06

S Palliyal (India)

Tobacco and tuberculosis free India PC-1297-06

S Gupta (India)

Smoking among tuberculosis patients in India: proactive cessation efforts are urgently needed PC-1298-06

S Nayak, P Sharma (India)

Integrating smoking management and TB control program: a way forward PC-1299-06

Lam Pangaribuan, B Dwihardiani, D Perwitasari, T Tejayanti, J Irianto, M Farid, A V Siagian (Indonesia)

Deaths due to respiratory neoplasms and the trend of tobacco use in Sri Lanka, 1960-2010 PC-1300-06

L Athauda (Sri Lanka)

#### POSTER DISCUSSION SESSION 71 ► 12:15-13:15 ► POSTER AREA - HALL 3



#### FROM OLD TO NEW: SHISHA TO E-CIGARETTES

CHAIR: Gan Quan (China) - TRACK: Tobacco control

The emerging E-cigarette in China PC-1301-06

C Wang, J Wang, L Zhao, Y Yang, Y Jiang (China, USA)

End of 'ENDS' (Electronic Nicotine Delivery System) in state of Punjab, India PC-1302-06

R Gupta, Vini Mahajan, K Singh, A Singla, S Goel (India)

PC-1303-06 E-cigarettes: prevalence of use and perceptions among adolescent college students of Mangalore city

E Aluckal (India)

PC-1304-06 Hukah smoking and lung cancer in Kashmir valley, Indian subcontinent

M Dar (India)

The use of electronic cigarettes in the Republic of Kazakhstan PC-1305-06

Zh. Battakova, G Tokmurziyeva, S Abdrakhmanova (Kazakhstan)

Water-pipe tobacco (shisha) use among undergraduate health professional students, PC-1306-06

College of Health Sciences, Nairobi University, Kenya, 2014

**CANCELLED** 

An evidence-based public campaign against waterpipe / hookah smoking in Turkey PC-1307-06

T Durgut (Turkey)

Lung health and e-cigarettes: a review of recent government actions on e-cigarettes PC-1308-06

and elecontronic nicotine delivery devices

M Wisotzky (USA)



#### HOLDING HANDS: HIGH-LEVEL COOPERATION ON TOBACCO CONTROL

CHAIR: Daouda Adam (Chad) - TRACK: Tobacco control

PC-1309-06	SmokeHaz: an example of a scientific society led advocacy tool for tobacco control
	C Vardavas, C Jimenez-Ruiz, J I De Granda, C Gratziou (Greece, Spain)

## PC-1310-06 Partner network consolidation for national policy on tobacco control in Brazil E Rangel, T Cavalcante, Ao Teixeira (Brazil)

## PC-1311-06 Tobacco control in social networks: the Brazilian experience with the virtual health library prevention and cancer control

L Casado Costa, R Feijo, Luiz Labrego (Brazil)

## PC-1312-06 The role of Bloomberg Initiative (BI) grants in tobacco control in India and Bangladesh B Gopalan, R J Singh, R Thakur, Syed Syed Mahbubul Alam, I Chowdhury (India)

## PC-1313-06 WHO engagement with Ministry of Finance in South-East Region N N Kyaing, Mark Goodchild, Am Perucic, Mahf Hug, V Munish, F Qureshi, D Kania (India, Switzerland, Indonesia)

# PC-1314-06 Government and community established model of high compliance of smoke-free provisions of legislation in Tehri, a difficult hilly jurisdiction of India G Tripathi, R J Sinoh, Yuga Pant, P Tripathi (India)

PC-1315-06 Government's pro-public health policies and effective coordination is key for success in tobacco control: a case study from Himachal Pradesh, India

K Thakur, R Thakur (India)

PC-1316-06 How a standardized capacity building program scaled up National Tobacco Control Program implementation in India

G Tripathi, R J Singh (India)

PC-1317-06 Potential of Institute for Global Tobacco Control's online course for health professionals' capacity building: an evaluation

T Ahmad (India)

#### POSTER DISCUSSION SESSION 73 ► 12:15-13:15 ► POSTER AREA - HALL 3



## IPT: ATTITUDES, APPLICATION AND ADHERENCE

CHAIR: Neil Martinson (South Africa) - TRACK: HIV and TB co-infection

PC-1318-06	Predicting development of active tuberculosis in dialysis patients by serial follow-up of latent	
	tuberculous infection	
	C-C- Shu, J-Y- Wang, V-C Wu, F-J Yang, C-J- Yu, L-N Lee (Taiwan)	

PC-1319-06 Perceptions and knowledge of health care workers plays a role in increasing isoniazid preventive therapy uptake amongst people living with HIV

M Calnan, M Pasipamire, S Mazibuko, S Haumba, N Shongwe (Swaziland)

PC-1320-06 Predictors of isoniazid preventive therapy completion among adults newly diagnosed with HIV in rural Malawi K Little, G Barnes, M Khundi, L G Nowira, R E Chaisson, A Nkhoma, L Corbett, D Dowdy (USA, UK)

PC-1321-06 Population-level impact of different durations of isoniazid preventive therapy among people living with HIV A Kunkel, F Crawford, T Cohen (USA)

PC-1322-06 Biologic anti-rheumatoid agents alter interferon-gamma release assay results for detection of latent tuberculous infection
W Thanassi, J Chang, J Sokolove (USA)

PC-1323-06 Improving implementation of isoniazid preventive therapy through community-based referral in rural South Africa S Shenoi, Ap Moll, T Van Der Merwe, P Vranken, L Andrews, Rp Brooks, Ek Dokubo, G Friedland (USA, South Africa)

PC-1324-06 Impact of pregnancy on latent tuberculous infection diagnostics in HIV-infected pregnant women in western Kenya

S Lacourse, L Cranmer, D Matemo, J Kinuthia, D Horne, G John-Stewart (USA)

PC-1325-06 Tuberculosis screening and isoniazid Preventive therapy provision among patients initiating antiretroviral therapy, Nigeria, 2004–2012

I Pathmanathan, Ek Dokubo, S Ray, D Onotu, S Odafe, I Dalhatu, H Debem, S Agolory (USA)

PC-1326-06 Modelling the post-treatment effect of isoniazid plus antiretroviral therapy on tuberculosis incidence T Sumner, R Houben, G Maartens, M Rangaka, R White (UK, South Africa)

# **MEETINGS**

# **UNION ADMINISTRATIVE MEETINGS** 10:00-13:00 ► ROOM MR 1.41-1.42 **BOARD MEETING (2)** ATTENDEES: All Board members, including newly elected NOTES



My space, your space, and our space

Imbizo is a vibrant space where communities involved in the fight for lung health will come together for discussion, support, learning and inspiration. Imbizo – meaning a gathering, usually called by a traditional leader – will host a range of sessions, displays, discussions and performances from community organisations and civil society.

All activities take place in Hall 4B, except where otherwise noted. IMBIZO will be open from Wednesday, 2 December through Sunday, 6 December. This area is open to both delegates and non-delegates. Please drop by any time!

<b>SUNDAY, 6 DECEMBER</b> ► 09:00 - 17:15				
		COORDINATOR(S)	ROOM	PAGE
09:00-10:00	Symposium G: What are we to do with 3 million MDR-TB household contacts?	David Moore (UK)	Hall 4B	211
10:30-11:30	Symposium H: Human rights and gender landscape in TB programmes.	Nonna Turubekova (Netherlands), Jonathan Stillo (USA)	Hall 4B	212
12:15-13:15	Symposium I: World TB Day: Think globally, act locally.	Linette McElroy (Canada), Nash Dhaila (Canada)	Hall 4B	212
13:30-14:15	Oral Abstract Session A Alternative messaging to talk about TB	Stacie C Stender (South Africa)	Poster Area - Hall 3	213
15:15-17:15	Everyone is welcome to participate in the conference Closing Ceremony in Auditorium I.		Auditorium I	

SYMPOSIUM G ► SUNDAY, 06 DECEMBER ► 09:00 - 10:00 ► IMBIZO HALL 4B



#### WHAT ARE WE TO DO WITH THREE MILLION MDR-TB HOUSEHOLD CONTACTS?

#### TRACK

Drug-resistant TB care and treatment, including trials

#### TRACK2

Latent TB infection (LTBI)

#### COORDINATOR(S)

David Moore (UK)

#### CHAIR(S)

Louis Grandjean (UK), Carole Mitnick (USA)

#### TARGET AUDIENCE

- 1. Healthcare professionals, advocates
- 2. TB programme implementers
- 3. Programmatic Management of Drug-Resistant TB (PMDT) programme officers

#### DESCRIPTION

Even with a conservative view there are three million close contacts of MDR-TB annually. A proportion will develop active MDR-TB leading to further morbidity, mortality, catastrophic expense and continuing transmission. Effective interruption would benefit the MDR contacts themselves and their communities. Yet we have neither an evidence-based strategy for contact management nor a coherent research agenda to address this knowledge gap. Key questions include who should receive empiric preventive therapy and what should be used? How feasible and effective is surveillance with early treatment?

#### OBJECTIVES

- 1. Highlight the importance of addressing this knowledge gap for researchers and policy-makers
- 2. Broaden the existing conversation beyond observational studies of empiric preventive therapy (PT)
- 3. Catalyse the embryonic research portfolio
- 4. Engage with all interested parties to develop an efficient and effective research agenda
- 5. Using debate format, test the motion: PT is more appropriate for MDR-TB contacts than expectant observation

#### **PRESENTATIONS**

- 09:00 09:10 Our best guess therapeutic choices are not good enough Adithya Cattamanchi (USA)
- 09:10 09:20 Adverse events associated with MDR-TB preventive therapy Andreas Sandgren (Sweden)
- 09:20 09:30 Preventive therapy for child contacts of MDR-TB: why wait? James Seddon (UK)
- 09:30 09:40 Reaching, treating and curing healthy people: a programmatic perspective Alarcón Valentina Antonieta (Peru)
- 09:40 10:00 Discussion



#### HUMAN RIGHTS AND THE GENDER LANDSCAPE IN TB PROGRAMMES

#### TRACK

Civil society / patient & community engagement

#### TRACK2

Patient-centred care

#### COORDINATOR(S)

Nonna Turusbekova (Netherlands), Jonathan Stillo (USA)

#### CHAIR(S)

Doyle Heather (Switzerland), Prabha Mahesh (India)

#### TARGET AUDIENCE

- National TB programmes, technical partners, donors, community-based organisations
- 2. Civil society organisations (CSOs), key affected populations, (former-) TB patients and activists, networks
- 3. International organisations, freelance consultants

#### DESCRIPTION

A gender and human rights (HR)-based approach to TB prevention, treatment and care includes addressing the legal, structural and social barriers to quality TB prevention, diagnosis, treatment and care services. However, even local TB advocates might not recognise the relevance of these issues, let alone TB programmes, which often treat TB without regard to concerns of gender and HR. This symposium will look into the HR and gender landscape in TB programmes, offer ways that these concepts can be made locally relevant and present challenges and solutions.

#### **OBJECTIVES**

- 1. Share success stories of policy advocacy in the areas of HR and gender
- 2. Discuss ways to use the concepts of gender and HR to identify barriers to TB diagnosis and treatment
- Consider how gender/HR can be used to plan and monitor TB prevention and control using specific examples
- 4. Discuss efforts to be made in TB response to overcome the health boundaries and work in partnerships
- 5. Identify key research gaps that are critical for evidence-based advocacy

#### **PRESENTATIONS**

10:30 - 10:45 Contribution of TB community activists to the policy change in TB in Brazil – Ezio Tavora-Santos-Filho (Brazil)

10:45 - 11:00 Human rights of women and girls with TB under international law — Brian Citro (USA)

11:00 - 11:15 Is there a right to meaningful involvement of people with TB? - Timur Abdullaev (Uzbekistan)

11:15 - 11:30 Title to be confirmed — Prabha Mahesh (India)

#### SYMPOSIUM I ► SUNDAY, 06 DECEMBER ► 12:15 - 13:15 ► IMBIZO HALL 4B



#### WORLD TB DAY: THINK GLOBALLY, ACT LOCALLY

#### TRACK

Civil society / patient & community engagement

#### COORDINATOR(S)

Linette Mcelroy (Canada), Nash Dhalla (Canada)

#### CHAIR(S)

Linette Mcelroy (Canada)

#### TARGET AUDIENCE

Any individual working in the field of TB, HIV or lung health

#### DESCRIPTION

Engagement of civil society is critical to meet the Sustainable Development Goals. Each year, World TB Day goes unrecognised in many jurisdictions throughout the world, and opportunities to raise awareness of/support for efforts to find, treat and prevent TB are lost. This symposium will provide insight into the potential for World TB Day activities to contribute to the fight against TB, and review examples successful and reproducible WTBD activities undertaken in variety of countries, with an aim to providing all participants with at least one activity they could do to recognise WTBD 2016.

#### OBJECTIVES

- 1. To provide an overview of the benefits of recognising WTBD each year.
- 2. To promote the use of WTBD as a vehicle towards meeting the Sustainable Development Goals
- 3. To provide a range of examples of successful and reproducible WTBD activities

#### PRESENTATION

12:15 - 12:25 Stop TB Partnership: why World TB Day is so important — Lucica Ditiu (Switzerland)

12:25 - 12:35 World TB Day events in the United States of America — Wanda Walton (USA), Joan Mangan (USA)

12:35 - 12:45 World TB Day events in Canada - Linette Mcelroy (Canada), Nash Dhalla (Canada)

12:45 - 12:55 World TB events in South Africa — Wena Moelich (South Africa)

12:55 - 13:15 Engagement/energiser

#### ORAL ABSTRACT SESSION A ► 13:30-14:15 ► POSTER AREA - HALL 3

## ALTERNATIVE MESSAGING TO TALK ABOUT TB

#### CHAIR: Stacie C Stender (South Africa)

IM-5011-06	For the first time high-level Ukrainian official shares personal experience surviving TB
13:30-13:40	V Gultai, M Dolynska, K Kankadze (Ukraine)
IM-2985-06	Cordel literature: a playful and poetic way to talk about tuberculosis
13:45-13:55	A Paranagua Fraga, L. Seara, J Castro Jr., P Werlang, D Barreira (Brazil)

 ${\tt IM-4969-06}$  Targeting different audiences through educational films to improve TB control in Ukraine

14:00-14:10 V Gultai, M Dolynska, K Kankadze (Ukraine)

# SPONSORED SATELLITE **SYMPOSIA**

SPONSORED SATELLITE SYMPOSIUM 01 ▶ FRIDAY, 4 DECEMBER ▶ 07:30 - 08:45 ▶ ROOF TERRACE



#### DISCOVER THE BENEFITS OF TB IMMUNODIAGNOSTICS IN PROGRAMMATIC USE: EVIDENCE AND REAL-WORLD EXPERIENCE

#### TRACK

TB diagnostics, including molecular methods

#### ORGANISED BY

Oxford Immunotec

#### COORDINATOR(S)

Anna Gendreau (USA), Carrie Mansfield (USA)

#### CHAIR(S)

Louis O'Dea (USA)

#### TARGET AUDIENCE

- 1. TB programme managers
- 2. TB clinicians
- 3. Laboratorians

#### DESCRIPTION

Prevention and timely diagnosis of tuberculosis are essential to TB programmes and control strategies worldwide. Interferon-gamma release assays are relatively new immunodiagnostic tools that can add value to TB programmes. This programme aims to review the principles and current evidence of TB immunodiagnostics and share a ground-level clinician's experience incorporating interferon-gamma assays into a public health programme. Challenging cases will also be presented for discussion.

#### **OBJECTIVES**

- 1. Describe and differentiate the most widely available TB immunodiagnostics
- 2. Review the current evidence supporting the role of interferon-gamma release assays in programmatic use
- 3. Present a clinician's experience with screening and treating children, immigrants and patients living with HIV for tuberculosis and latent TB infection in a public health programme

SPONSORED SATELLITE SYMPOSIUM 02 ► FRIDAY, 4 DECEMBER ► 07:30 - 08:45 ► ROOM MR 2.44-2.46



#### TURNING THE TIDE ON DR-TB: SYSTEMATIC ACTION TO IMPROVE TREATMENT OUTCOMES

Drug-resistant TB care and treatment, including trials

Civil society / patient & community engagement

#### ORGANISED BY

Lilly MDR-TB Partnership COORDINATOR(S)

Amy Israel (Switzerland)

#### CHAIR(S)

Evan Lee (Switzerland), Lucica Ditiu (Switzerland)

#### TARGET AUDIENCE

- 1. National policy-makers, TB programme managers
- 2. Healthcare professionals and advocates
- 3. Funding partners and technical support agencies

#### DESCRIPTION

There are tried and tested models for supporting people along the continuum of drug-resistant tuberculosis (DR-TB) care, yet we still cannot drastically tip the scales on treatment outcomes globally. This interactive panel session highlights how countries are turning the tide along the continuum. Examples include interventions by nurses from China, following treatment-seeking behaviors to reach people where they are in India, reaching hard-to-reach populations in Russia and systematic recording and reporting from South Africa, Panelists will discuss challenges and address removing barriers to tipping the scales on DR-TB.

- 1. To share country lessons for improving DR-TB treatment outcomes along the continuum of care
- 2. To exchange ideas on collectively scaling up models for DR-TB
- 3. To discuss how to remove barriers to improved treatment outcomes with the current tools and financing **PRESENTATIONS**
- 07:30 07:36 Setting the stage: turning the tide globally Lucica Ditiu (Switzerland)
- 07:36 07:42 Maximising the role of nurses in the care of MDR-TB in China Aimin Guo (China)
- 07:42 07:48 Engaging private hospital chains in DR-TB care in India Sarabjit Chadha (India)
- 07:48 07:54 Reaching hard-to-reach populations in the Voronezh region of Russia Sergei Kornienko (Russian Federation)
- 07:54 08:00 How South Africa is systematically improving recording and reporting -Zerilda Claasen (South Africa)
- 08:00 08:06 Achieving high treatment outcomes for MDR-TB in Ethiopia: raising the bar for MDR-TB treatment in Africa - Daniel Meressa (Ethiopia)
- 08:06 08:45 Panel discussion: scalability and applicability along the continuum of care -Evan Lee (Switzerland)



### INTRODUCTION OF BEDAQUILINE INTO THE NATIONAL TB PROGRAMME OF SOUTH AFRICA: A STORY OF SUCCESSFUL PRIVATE PUBLIC PARTNERSHIP

### TRACK

Drug-resistant TB care and treatment, including trials

### ORGANISED BY

Right to Care and Janssen Pharmaceutical companies

### COORDINATOR(S)

Suann Bruce (South Africa), Abeda Williams (South Africa)

### CHAIR(S)

Graeme Ayton Meintjes (South Africa).

Rodolfo Romero Leyet (South Africa)

### TARGET AUDIENCE

- 1. Clinicians involved in care of RR TB
- 2. TB programme managers at all levels of care, including National
- 3. Microbiologists, and advocacy groups.

### DESCRIPTION

There is an urgent need to improve the outcomes of M/XDR TB treatment. For the first time in decades, there are a number of new and repurposed drugs now available that have the potential to improve the outcomes. These include bedaquiline and linezolid. Randomised Controlled Clinical Trial data is eagerly awaited as to how to incorporate these drugs into effective regimens. However, there is a need to provide access to these more urgently to patients with few treatment options remaining. Adequate measures need to be taken to assess both safety and efficacy. In addition, injudicious use of the new drugs without an optimized background regimen may result in resistance. With a background HIV prevalence of at least 10% in most provinces in South Africa, the new drugs would need to be combined with antiretrovirals in many patients. This session describes the how bedaquiline was introduced into the National programme in South Africa following a successful clinical access programme. With careful attention paid to the regulatory framework and ethical consideration, the National Department decided to embark on an access programme. In a collaboration led by the National Department of Health of South Africa, Janssen Pharmaceutica and other partners including Right to Care and Médecins Sans Frontiers, access was provided to bedaquiline to over 200 patients prior to registration. Following registration in October 2014, a bold decision was made to provide access as broadly as possible within South Africa. Input from experts in South Africa was used to decide on a framework for introduction of new drug and new drug regimens for the treatment of Drug Resistant TB in South Africa. We also describe the mechanism adopted to ensure the ongoing protection of the drug and monitoring for resistance.

### **OBJECTIVES**

- 1. To describe the Bedaquiline Clinical Access programme and the subsequent roll out of the drug by the National TB Programme of South Africa
- 2. To launch the Policy Framework for the "Introduction of the new drugs and new drug regimens for the treatment of Drug Resistant TB in South Africa"
- 3. To describe the monitoring of resistant for bedaquiline

### PRESENTATIONS

07:30 - 07:35 Opening remarks — Norbert Ndjeka (South Africa)

07:35 - 07:55 Early outcomes of the patients on the Bedaquiline clinical and lessons learnt - Iqbal Master (South Africa)

07:55 - 08:15 Launch of the framework for the "Introduction of new drug and new drug regimen for the treatment of drug-resistant TB - Yogapragasen Pillav (South Africa)

08:15 - 08:30 Focus on patient selection for bedaquilne and other new drugs — Francesca Conradie (South

08:30 - 08:45 Bedaquiline resistance monitoring — Nazir Ismail (South Africa)

### SPONSORED SATELLITE SYMPOSIUM 04 ▶ FRIDAY, 4 DECEMBER ▶ 07:30 - 08:45 ▶ DA GAMA/DIAZ - WESTIN



### GLOBAL TB VACCINE PARTNERSHIP

### TRACK

TB other

Advancing the End TB strategy and other policy issues

### ORGANISED BY

Global TB Vaccine Partnership

### COORDINATOR(S)

Glaudina Loots (South Africa)

### CHAIR(S)

Line Matthiessen (Belgium)

### TARGET AUDIENCE

- 1. International researchers
- 2. Funders of TB vaccines

### DESCRIPTION

The goal of the Global Tuberculosis Vaccine Partnership (GTBVP) is to develop effective, safe and affordable TB vaccines for all people in the shortest possible time and in the most cost-effective way. GTBVP brings together key stakeholders in new TB vaccine R&D. These include major funders, vaccine industries and PDPs. The GTBVP aims to increase the likelihood of successful and cost-efficient TB vaccine development by identifying, prioritising and monitoring the global portfolio of preclinical and clinical TB vaccine candidates; promote and facilitate access to sustained financing for prioritised candidates; facilitate exchange of information between funders; and connect the existing and future research networks in TB vaccine area.

### OBJECTIVES

- 1. Discussion of the overall progress with the Global TB Vaccine Parthership (GTBVP)
- 2. Release of the Charter for the GTBVP



### ADVANCING TO THE NEXT LEVEL OF MOLECULAR TESTING FOR MYCOBACTERIUM TUBERCULOSIS (MTB)

### TRACK

TB diagnostics, including molecular methods

Drug resistance determination - molecular and phenotypic

### ORGANISED BY

Abbott

### COORDINATOR(S)

Prinisha Naicker (South Africa), Aldo Canosci (South Africa)

### CHAIR(S)

NUTES

Harald Hoffmann (Germany), Neil Martinson (South Africa)

### TARGET AUDIENCE

- 1. Clinicians, health programme workers, researchers
- 2. Advocates, public health professionals
- 3. Policy-makers involved in the testing and treatment of TB patients

### DESCRIPTION

This scientific symposium seeks to address the current challenges to control tuberculosis and multidrug resistance which, are particularly pressing in high-TB and high-HIV burden settings. Increasing resistance levels and rates of treatment failures in high-disease-burden countries are of major concern. Conventional methods for detecting MTB and MTB drug resistance require long TAT (weeks to months) to produce results. Rapid and high-throughput molecular assays using real-time PCR for detecting MTB and identification of Rifampicin and Isoniazid resistance have been recently developed and are under intensive real-world evaluation.

### OBJECTIVES

- 1. To learn from the leading experts about a novel molecular diagnostic test for TB: Abbott RealTime MTB and RealTime MTB RIF/INH - a genotypic assay that can detect both RIF and INH resistance individually
- 2. The clinical impact of the detection of hetero-RIF/INH and INH-mono-resistance on treatment success/ failure, recurrence, and acquisition of further resistance will be discussed

- 07:30 07:35 Introduction Harald Hoffmann (Germany)
- 07:35 07:55 High throughput molecular TB testing: experience with the Abbott RealTime MTB and INH/RIF assay - Lesley Scott (South Africa)
- 08:00 08:20 High sensitivity of Abbott RealTime MTB and MTB RIF/INH resistance assays Wallis Carole (South Africa)
- 08:25 08:45 Testing for INH resistance: a clinical perspective Nazir Ismail (South Africa)

Notes	



### IMPROVING TB CARE FOR COMMUNITIES IN CONFLICT AFFECTED COUNTRIES

### TRACE

TB in vulnerable and special populations

### ORGANISED BY

The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), International Organisation for Migration.

### COORDINATOR(S)

Gilles Cesari (Switzerland), Joumana Al Atwani (Switzerland)

### CHAIR(S)

Mark Dybul (Switzerland), Mario Raviglione (Switzerland)

### TARGET AUDIENCE

- National TB Programmes (NTP), national public health agencies, intergovernmental and international organisations
- Non-governmental and other humanitarian organisations that provide TB prevention and care in countries affected by humanitarian crisis

### DESCRIPTION

At the end of 2013, there were at least 33.3 million people in the world who were internally displaced by armed conflict, generalised violence and human rights violations. This figure represents a 16% increase compared with 2012 and is a record high for the second year running (IDMC 2013). Sub-Saharan Africa had the largest total number of internally displaced people (IDPs) - 12.5 million - followed by the Middle East and North Africa with 9.1 million). In addition to the direct increased morbidity and mortality as a result of conflict and/or natural disasters, the collapse of health systems in these countries often leads to an emergence or re-emergence of preventable diseases, such as tuberculosis (TB). Other factors contributing to a crisis situation include: death, injury or displacement of health workers; destruction or disabling of health infrastructure and medical equipment; disruption of the supply of electricity and clean water in health centres; interruption of drug supplies; cessation of health promotion and outreach activities; and movement and/or migration of people with active TB. The result is a decline in TB case detection and diagnosis, lack of access to TB treatment, irregular drug intake, patients' lost to follow-up, low cure rates, a higher number of patients with relapse and an increase in multidrug-resistant (MDR-) TB. At this symposium, speakers from some such challenging operating environments will give an overview of the impact of conflicts and displacement on TB incidence and prevalence, highlight the main challenges related to TB prevention and control among crisis-affected populations, and share good practices and models from their recent experiences to address TB in humanitarian emergencies in different country contexts. The symposium will be enriched through presentations and a panel discussion by representatives of governmental programmes, nongovernmental organisations, community representatives and UN and intergovernmental organisations, among others.

### **OBJECTIVES**

- 1. To describe the burden of TB in conflict-affected countries and neighbouring regions
- 2. To describe the challenges in providing TB prevention and care among crisis-affected populations, within primary health care services and other programmes
- 3. To identify good practices for TB control and lessons learnt with regard to TB prevention and control in complex emergencies
- 4. To launch the new WHO "Guide for Tuberculosis Control in Complex Emergencies" (2015)

- 17:30 17:45 TB burden and response in the countries affected by the crisis in Syria and neighboring countries Khaled Abu Rumman (Jordan), Hiam Yaacoub (Lebanon)
- 17:45 18:00 Addressing continuity of TB prevention and control for displaced and mobile populations in the Central African Republic Georges Hermana (Central African Republic), Doulhourou Coulibaly (Central African Republic)
- 18:00 18:30 Panel discussion: what are the key TB control strategies and good practices globally to manage TB in conflict-affected countries?
- 18:30 18:43 Questions and answers
- 18:43 18:45 Launch of the WHO "Guide for Tuberculosis Control in Complex Emergencies" (2015) Mohamed Abdel Aziz (Egypt), Mario Raviglione (Switzerland)



### ENDING TB IN INDIA: WHY CIVIL SOCIETY SHOULD DREAM AND ACT BIG

Civil society / patient & community engagement

### TRACK2

Advancing the End TB strategy and other policy issues

### ORGANISED BY

Médecins Sans Frontières Access Campaign

### COORDINATOR(S)

Shailly Gupta (India), Petros Isaakidis (India)

### CHAIR(S)

Jennifer Furin (USA), Grania Brigden (France)

### TARGET AUDIENCE

- 1. Treatment activists and organisations
- 2. HIV and TB community members
- 3. Civil society organisations

India contributes globally more than a quarter of the world's TB patients and ranks first among 27 MDR-TB high-burden countries. If the targets of the END TB strategy are to be reached, significant improvements are urgently needed. Universal access to new and existing diagnostics is moving slowly; novel treatment modalities for MDR-TB are not being offered; patient-centred approaches have not been defined; and there is a lack of innovation in the R&D agenda despite India's research and funding potential. The Indian civil society needs to be an important catalyst for speeding up the 'End of TB'.

### **OBJECTIVES**

- 1. Identify gaps in the current model of diagnosis, treatment and care in India
- 2. Facilitate civil society and community engagement in drafting and implementating TB treatment
- 3. Facilitate civil society engagement in R&D for TB, including advocacy for clinical and operational research
- 4. Outline and focus on key policy areas to achieve rapid improvements in TB treatment and care

### **PRESENTATIONS**

- 17:30 17:45 Policies impeding access to diagnosis, treatment and care in the public health programme for TB-HIV co-infected patients — Vikas Ahuja (India)
- 17:45 18:00 Challenges in TB care delivery in India targeting vulnerable groups Tsetan Dorji Sadutshang (India)
- 18:00 18:15 Use of the new TB drugs in India: road ahead Zarir Udwadia (India)
- 18:15 18:30 Access to improved tools and regimens to diagnose and treat all forms of TB and TB-HIV -Homa Mansoor (India)
- 18:30 18:45 Why does civil society need to be engaged on the TB research agenda (including clinical trials)? - Erica Lessem (USA)

SPONSORED SATELLITE SYMPOSIUM 07 ► FRIDAY, 4 DECEMBER ► 07:30 - 08:45 ► ROOM MR 2.44-2.46



### INNOVATIONS IN AND OPPORTUNITIES FOR IMPROVING DIAGNOSTIC SERVICES UNDER THE EAST AFRICA LABORATORY PROJECT

### TRACK

TB diagnostics, including molecular methods

### ORGANISED BY

**ECSA Health Community** 

### COORDINATOR(S)

Martin Matu (Tanzania, United Rep.)

### CHAIR(S)

Miriam Schneidman (USA)

### TARGET AUDIENCE

- 1. Infectious disease experts, laboratory scientists
- 2. Senior ministry of health officials, TB programme managers, key policymakers
- 3. Development partners and representatives of civil society organisations

The session will share an innovative conceptual framework developed for assessing the economic and health impact of investing in laboratories; approaches for improving laboratory systems towards accreditation; lessons learnt from implementation of performance-based financing in accelerating laboratory quality improvement; options for promoting public-private partnerships; results from the introduction of new technologies in improving diagnostic services; and opportunities for public-private partnerships to support laboratory services delivery in the region.

### **OBJECTIVES**

- 1. Share conceptual framework for assessing the economic and health impact of investing in laboratories
- 2. Share lessons and experiences with strengthening laboratory and accreditation efforts in East Africa
- 3. Present results from the application of performance-based financing related to laboratories
- 4. Explore potential public-private partnerships in support of laboratory service delivery in the region
- 5. Discuss impact of new technologies in resource-constrained settings in cross-border areas in East Africa

- 7:30 7:50 Overview of the EAPHLNP to set the context for the discussion – Miriam Schneidman (USA)
- Drawing lessons from experiences with strengthening laboratory and accreditation efforts in 7:50 - 8:00 East Africa under EAPHLNP - Moses Joloba (Uganda)
- Experiences with implementation of performance-based financing to accelerate laboratory 8:00 - 8:10 accreditation in Rwanda — Daniel Ngamije (Rwanda)
- Conceptual framework for evaluating economic and health impact of investing in laboratories 8:10 - 8:20 Anna Krivelvova (USA)
- Early lessons from a study to explore the impact of new diagnostics on TB diagnosis in East 8:20 - 8:30 Africa – Willie Githui (Kenya)
- Opportunities for public-private partnerships in supporting laboratory service delivery in the 8:30 - 8:45 region - Martin Matu (Tanzania, United Rep.)



### NOVEL FIELD-EVALUATED LAMP-PURE MOLECULAR TECHNOLOGY FOR TB SCREENING

TB diagnostics, including molecular methods

### ORGANISED BY

Human Gesellschaft für Biochemica und Diagnostica

### COORDINATOR(S)

Claudius Nassabi (Germany), Melanie Rohling (Germany)

Claudius Nassabi (Germany)

### TARGET AUDIENCE

- 1. Policy-makers, public health professionals
- 2. Laboratory decision makers

### DESCRIPTION

This symposium aims to demonstrate new ways for applying the novel LAMP-PURE molecular technology for screening of TB on a peripheral and even community level. LAMP-PURE technology incorporates the advantages of molecular testing of fast (TAT less than 90 min), sensitive and specific pathogen detection and at the same time overcomes the limitations of current molecular methodologies with regard to shortcomings in throughput and requirements of laboratory infrastructure. We will give detailed insight into the LAMP molecular technology in combination with the innovative PURE extraction method, as well as ample clinical laboratory data from field studies demonstrating the suitability of LAMP-PURE for TB screening in a.m. settings.

### **OBJECTIVES**

- 1. Present a new molecular technology suited for screening of TB
- 2. Discuss new opportunities of TB diagnostics, as well as limitations and shortcomings

- 17:30 17:45 Introduction Claudius Nassabi (Germany)
- 17:45 18:15 Novel molecular diagnostic platform for tuberculosis diagnosis: PURE-TB-LAMP Shinichi Kojiya (Japan)
- 18:15 18:45 Point of care: practical advantages of PURE-TB-LAMP Satoshi Mitarai (Japan)

SPONSORED SATELLITE SYMPOSIUM 09 ► FRIDAY, 4 DECEMBER ► 17:30 - 18:45 ► ROOM MR 2.64-2.66



### GLOBAL TB VACCINE DEVELOPMENT: AN UPDATE ON EPIDEMIOLOGICAL, CLINICAL AND PRECLINICAL INVESTIGATIONS

### TRACK

TB other

### TRACK2

TB epidemiology

### ORGANISED BY

**AERAS** 

### COORDINATOR(S)

Ellen Wilcox (USA)

Lewis Schrager (USA), Nick Drager (Netherlands)

### TARGET AUDIENCE

Persons interested in the rationale for accelerating development of TB vaccine efforts - particularly given the spread and cost of drug-resistant strainsand in learning of recent developments in clinical and preclinical TB vaccine development

This symposium will provide updates regarding three critical aspects relevant to the development of TB vaccines: 1) an update of global TB epidemiology and cost burden, with attention to the spread and cost of drug-resistant TB strains (Robin Wood, UCT); 2) an update on the status of clinical trials of TB vaccines (Kristin Croucher, Aeras, SA); and 3) an update on the status of preclinical TB vaccine research and development efforts (Tom Scriba, SATVI). A panel discussion will follow the completion of the presentations (moderated by symposium co-chairs Nick Drager, TBVI and Lewis Schrager. Aeras)

### **OBJECTIVES**

- 1. Understand the extent and cost of drug-resistant Mtb strain spread, and importance of vaccine development to interdict this spread
- 2. Understand the current status of clinical TB vaccine development
- 3. Understand the key areas of preclinical TB vaccine research and development

- 17:30 17:45 Global TB epidemiology and cost burden with attention to drug-resistant strains Robin Wood
- 17:45 18:00 The clinical pipeline of Mtb vaccine candidates: current status Kristin Croucher (South Africa)
- 18:00 18:15 Preclinical TB vaccine R&D status: key focus areas Thomas Scriba (South Africa)
- 18:15 18:45 Discussion



### SCALING TB TESTING NETWORKS: CHALLENGES AND PRACTICAL SOLUTIONS THAT IMPACT CASE DETECTION RATES

### TRACK

TB diagnostics, including molecular methods

### ORGANISED BY

**DNA Genotek** 

### COORDINATOR(S)

Cassandra Kelly-Cirino (Canada)

### CHAIR(S)

Max Salfinger (USA), Lesley Scott (South Africa)

### TARGET AUDIENCE

- 1. Ministries of health
- 2. NGOs
- 3. clinicians, laboratory professionals and researchers

### DESCRIPTION

This sponsored satellite symposium will cover the challenges involved in the implementation of flexible diagnostic algorithms in resource-limited settings. Significant challenges to large-scale implementation include sputum sample quality, transport issues, variable rates of contamination, complex workflows and algorithm adherence. Standardisation and optimisation of sputum samples are critical to addressing these challenges. Organisations will discuss their challenges and the tools they are implementing to impact their case detection rates today, while striving to meet the WHO's post-2015 goals.

### **OBJECTIVES**

- 1. Understand the main challenges in scaling and standardising TB testing networks
- 2. Discuss potential solutions to overcome these challenges
- 3. Discuss tools to impact algorithm adherence and cost reductions and to decrease time-to-results
- 4. Discuss molecular testing from primary sputum samples to provide same-day drug susceptibility results
- 5. Discuss tools to enable whole genome sequencing directly from primary sputum samples

### PRESENTATIONS

- 17:30 17:45 Challenges in implementing efficient TB diagnostic networks at the national and supranational level: perspectives from the Italian SRL – Daniela Maria Cirillo (Italy)
- 17:50 18:05 Constraints and challenges of specimen transport in resource-constrained settings Sabira Tahseen (Pakistan)
- 18:10 18:25 Challenges and proven solutions to increase TB case detection in resource-limited settings Janet Robinson (Thailand)
- 18:30 18:45 Regional perspectives on scaling TB testing networks To be confirmed

### SPONSORED SATELLITE SYMPOSIUM 11 ▶ FRIDAY, 4 DECEMBER ▶ 17:30 - 18:45 ▶ BALLROOM WEST - WESTIN



### THE IMPACT OF MOLECULAR DIAGNOSTICS ON TB AND POINT OF CARE **DECENTRALISATION FOR TOMORROW**

### TRACK

TB diagnostics, including molecular methods

### TRACK2

Advancing the End TB strategy and other policy issues

### ORGANISED BY

**CEPHEID** 

### COORDINATOR(S)

Gwynn Stevens (South Africa)

Gwynn Stevens (South Africa)

### TARGET AUDIENCE

- 1. Laboratory managers and technicians
- 2. International agencies, donors and funding agencies
- 3. National health programme implementers, ministry of health officials, nongovernment organisations and community-based organisations

Data will be presented on the impact of molecular diagnostics on TB, today with GeneXpert, and tomorrow with GeneXpert Omni and Xpert MTB Ultra for point-of-care decentralisation. Other topics will include addressing TB/HIV co-infection with polyvalent systems from point-of- care to high throughput laboratories. About Cepheid: Cepheid is a leading molecular diagnostics company that is dedicated to improving healthcare by developing, manufacturing and marketing accurate yet easy-to-use molecular systems and tests. By automating highly complex and time-consuming manual procedures, the company's solutions deliver a better way for institutions of any size to perform sophisticated genetic testing for organisms and genetic-based diseases. Through its strong molecular biology capabilities, the company is focusing on those applications where accurate, rapid and actionable test results are needed most, such as managing infectious diseases like HIV, tuberculosis, and hepatitis C. All of Cepheid's tests, including those for TB, are configured to run on the fully automated GeneXpert systems, including the newest system, GeneXpert Omni. The GeneXpert® Omni, the world's most portable molecular diagnostics system, enables unprecedented access to accurate, fast and potentially life-saving diagnosis for patients suspected of TB, HIV and Ebola, even in the most remote areas of the world.

### **OBJECTIVES**

- 1. To share data on Xpert MTB RIF and preliminary Xpert MTB Ultra
- 2. To increase awareness of GeneXpert Omni and potential uses in the field
- 3. To demonstrate polyvalency of TB and HIV on GeneXpert systems for TB/HIV co-infection

- 17:30 17:45 Molecular diagnostics for TB in South Africa: filling in the gaps Mark Nicol (South Africa)
- 17:45 18:00 Utility of stool specimens for diagnosing intrathoracic TB in children using Xpert MTB/RIF -Elisabetta Walters (South Africa)
- 18:00 18:15 Accelerating access to quality TB care for pediatric TB suspects in 4 cities of India, through improved diagnostic strategies – Neeraj Raizada (India)
- 18:15 18:30 Performance of Xpert HIV-1 VL and the polyvalency of the GeneXpert system for TB and HIV -Lesley Scott (South Africa)
- 18:30 18:45 Point of Care: opportunities and challenges Grant Theron (South Africa)



### TUBERCULOSIS CONTROL IN ACUTE AND CHRONIC CONFLICT

TB in vulnerable and special populations

### TRACK2

Advancing the End TB strategy and other policy issues

### ORGANISED BY

Medecins Sans Frontieres, Operational Center Amsterdam

### COORDINATOR(S)

Anita Mesic (Netherlands)

### CHAIR(S)

Lucica Ditiu (Switzerland). Philipp Du Cros (UK)

### TARGET AUDIENCE

- 1. National TB Programme managers and policymakers
- 2. International organisations and donors involved in TB control
- 3. Professionals involved in TB care

Conflict, characterised by insecurity, population displacement and political uncertainty, acts to degrade the public health pillars on which TB control is built. The subsequent treatment vacuum leaves many without appropriate diagnosis and haphazard follow-up and care. No consensus has been reached on the delivery of TB and MDR-TB care in crisis settings, despite the need for pre-preparedness and adaptations to standard treatment models. A specific framework for the delivery of TB care in conflict settings is a necessary part of the TB elimination pathway set up by the new global TB strategy.

### **OBJECTIVES**

- 1. To present a framework for assessing needs and planning TB care in conflict settings
- 2. To highlight ethical dilemmas related to the tuberculosis care continuum in crisis
- 3. To present the results of the programmes offering TB and MDR-TB care in conflict-prone settings
- 4. To bring together TB care actors to address the best ways of offering TB care in conflict settings

- 17:30-17:40 Ethical dilemmas for TB programmes in conflict settings Sheather Julian (UK)
- 17:40-17:50 Framework for TB care in conflict: case studies from Somalia, Central African Republic and South Sudan – Anita Mesic (Netherlands)
- 17:50-18:00 DR-TB and TB/HIV challenges in Ukraine during military conflict — Slavuckij Andrej (Ukraine) 18:00-18:10 MSF experience managing DR-TB and DR-TB/HIV patients in penitentiary system and after
- release during armed conflict in Ukraine Nana Tsanava (Ukraine) Experiences with short MDR-TB regimen in unstable settings — Esther C. Casas (Netherlands) 18:10-18:20
- Surveillance and patient follow-up in displacement and situations of limited access due to 18:20-18:30 security issues - Kathy Fiekert (Netherlands)
- Active case finding using community-based approach in South Sudan Wadembere Ibrahim 18:30-18:40 (South Sudan, Republic of)
- 18:40-18:45 Challenges in supply chain management Audib Khan (Pakistan)

IOTES	

# ACKNOWLED GEMENTS....

### SUPPORTERS

The Union gratefully acknowledges the following governments, agencies, foundations and corporations for their support of this year's conference:

### **GOVERNMENTS AND AGENCIES**

- Agence Française de Développement (AFD)
- CHALLENGE TB implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds from USAID
- Department for International Development (DFID) of the British Government
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- Global Fund through a grant managed by the United Nations Office Project Services (UNOPS) in Myanmar
- Health Promotion Board in Singapore
- International Development Research Center
- · Jagran Pehel, India
- Ligue Pulmonaire Suisse
- · Ministry of Economy and Finance, Government of Peru
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- New Venture Fund
- · Norwegian Association of Heart and Lung Patients (LHL)
- Panamerican Health Organisation (PAHO) / World Health Organization (WHO) (Colombia)
- PAHO / WHO (Washington DC)
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- US Department of Health and Human Services Centers for Disease Control and Prevention (CDC)
- World Health Organization (WHO) Stop TB Partnership and TB TEAM
- · World Health Organization -TDR

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- · Voxiva SRL, Peru
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### **EXHIBITORS**

	BOOTH NUMBER
• 5th SA TB Conference 2016 (South Africa)	
Abbott Molecular (USA)	
Advenio Tecno Sys (India)	
Aeras (USA)	43
• Air Filter Maintenance Services (AFMS) (South Africa)	65
ALERE International LTD (Ireland)	
The American Thoracic Society (ATS) (USA)	02 - 03
Antrum Biotech (pty) Itd (South Africa)	
• BD (USA)	25 - 26
Centre for the AIDS Programme of Research	
in South Africa (CAPRISA) (South Africa)	
CEPHEID (South Africa)	
Delft Imaging Systems (The Netherlands)	
DNA Genotek (Canada)	
Emocha Mobile Health (USA)	
Equity Pharmaceuticals (pty) Itd (South Africa)	21
European and Developing Countries Clinical Trials     Portrorphia (FDCTP) (The Notherlands)	20
Partnership (EDCTP) (The Netherlands)	
<ul> <li>European Respiratory Society (ERS) (Switzerland)</li> <li>Germfree Laboratories, Inc. (USA)</li> </ul>	
Global Alliance for TB Drug Development (USA)	
Hain Lifescience SA (pty) Itd (South Africa)	
Hallyard Health (South Africa)	
HUMAN Gesellschaft für Biochemica	
und Diagnostica mbH (Germany)	37-38-39
IDA Foundation (The Netherlands)	
• INCURE (Ukraine)	
Janssen (USA)	71 - 72
Japan Anti-Tuberculosis Association (JATA) (Japan)	77
Jhpiego (USA)	44
KNCV Tuberculosis Foundation (The Netherlands)	35
• Laboratory Infrastructure Solutions (LIS) (South Africa)	24
Lilly MDR-TB Partnership (Switzerland)	74
Longhorn Vaccines and Diagnostics, LLC (USA)	31 - 32
Lupin Limited (India)	47

	BOOTH NUMBEI
Macleods Pharmaceuticals Ltd (India)	79 - 80
Management Sciences for Health (USA)	73
minXray, Inc (USA)	59
National TB Control Program (NTP) (Pakistan)	61
NIPRO Corporation (Thailand)	49
Nursing and Allied Professional	13 - 14
Oxford Immunotec (United Kingdom)	51 - 53
Ozone Purification Technology (South Africa)	46
<ul> <li>Q<sup>2</sup> Solutions, a Quintiles Quest Joint Venture (USA)</li> </ul>	62
QIAGEN (Germany)	50
Ray Enterprises	55
Right to care	68
Sanofi (France)	06 - 07
South African Tuberculosis Vaccine Initiative -	
UCT (South Africa)	
Statens Serum Institut (Denmark)	
Stop TB Partnership (Switzerland)	
Svizera Europe BV (The Netherlands).	
SystemOne (USA)  TDIOLINIUM (Visit al Trial Project Magazines and (at ))	48
TRICLINIUM Clinical Trial Project Management (pty)     Itd (South Africa)	60
University Research Co.,LLC (USA)	
Veredus Laboratories (Singapore)	
World Health Organization (Switzerland).	
World Health Organization (Ownzonancy)     World Health Organization Africa (Congo)	
Carl Zeiss Microscopy GmbH (Germany)	
The Union Village	00
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### **EXHIBITION OPENING HOURS**

Wednesday, 2 December	08:00	17:00
Thursday, 3 December	08:00	17:00
Friday, 4 December	08:00	17:00
Saturday, 5 December	08:00	17:00
Sunday, 6 December	08:00	14:30

Awards sponsored by The Union, its members and partners are presented each year at the World Conference.

### THE STOP TB PARTNERSHIP KOCHON PRIZE

This prize will be awarded at a reception on Sunday, 29 November (invitation only).

The Stop TB Partnership Kochon Prize is a US\$ 65,000 award that is presented once a year to persons, institutions or organisations that have made a highly significant contribution to com-

bating TB. It is fully funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea. It honours the late Chairman Chong-Kun Lee, founder of the Foundation and

Chong Kun Dang Pharmaceutical Corp in Korea. "Kochon" was his pen name.

The 2015 Kochon Prize theme is unsung heroes working in TB.



### THE UNION MEDAL

The medal will be awarded at the Inaugural Session on Thursday, 3 December, 17:30-19:00 in Auditorium I.

The Union Medal, The Union's highest honour, is awarded to members who have made an

outstanding contribution to the control of tuberculosis or lung health by their scientific work and/or actions in the field.



### THE KAREL STYBLO PUBLIC HEALTH PRIZE

This prize will be awarded at Plenary I on Friday, 4 December, 09:00-10:00 in Auditorium I



The Karel Styblo Public Health Prize honours the memory of the man who developed the strategy for TB control, known as DOTS (directly observed treatment, short course).

Born in Czechoslovakia, Dr Karel Styblo (1921–1998) was himself a TB survivor. He worked with Sir John Crofton in the 1950s, when treating TB with a combination of drugs made TB curable for the first time. In 1966, he became head of the TB Surveillance Research Unit (TSRU). He also served as The Union's Director of Scientific Activities from 1979 to 1991. He worked closely with Executive Director Dr Annik Rouillon and partners in nine countries to

test the TB model later branded as DOTS.

This prize acknowledges a health worker (physician or lay-person) or a community organisation for contributions to TB control or lung health over a period of 10 years or more.

### THE UNION YOUNG INVESTIGATOR AND SCIENTIFIC PRIZES

These Union awards will be presented at Plenary 2 on Saturday, 5 December, 09:00-10:00 in Auditorium I.

The Union Young Investigator Prize acknowledges a researcher for work in lung health published in the past five years, when age 35 years or younger. The Union Scientific Prize acknowledges researchers at any stage of their career for work on tuberculosis or lung health published in the past five years. Honorees receive sponsorship to attend the World Conference and a prize of US\$ 2,000.

### THE PRINCESS CHICHIBU MEMORIAL TB GLOBAL AWARD

This award will be presented at Plenary 3 on Sunday, 6 December 2015, 09:00-10:00 in Auditorium I



The Princess Chichibu Memorial TB Global Award recognises outstanding contributions to global TB control. It is presented by the Japan Anti-Tuberculosis Association (JATA), a constituent member of The Union. Princess Chichibu of Japan was born as Matsudaira Setsuko in England in 1909. She spent much of her early life and education abroad.

Although a commoner, her aristocratic family had close ties to the Japanese Imperial Family, and she was chosen to marry Prince Chichibu, the second son of Emperor Taisho. In 1939, Princess Chichibu was appointed patroness of the new Japan Anti-Tuberculosis Association (JATA). The couple's life changed, however, when the Prince contracted

TB in 1940. After his death from TB in 1953, Princess Chichibu dedicated her life to TB control both in and outside Japan.

When she died in 1995, JATA established this award in her memory. Candidates for this US\$10,000 award are recommended by The Union Board and the winner is selected by the JATA Board of Directors.

### THE OTSUKA/UNION YOUNG INNOVATOR IN TB RESEARCH AWARD

This award will be presented the Closing Session on Sunday, 6 December 2015, 15:15-16:15 in Auditorium I.

The Young Innovator in TB Research Award was established by Otsuka SA and The Union. It recognises young scientists who have demonstrated a commitment to advancing innovative thinking in TB research.

Eligible for the award are clinicians and researchers who have completed post-graduate training (MPH, PhD, MD or post-doc) no longer than five years ago and have completed an innovative demonstration project in TB

control, management and care, including operational and clinical research.

Honorees are sponsored to attend an international training programme on TB control and The Union World Conference,

where they will have an opportunity to present their research.



## CHAIRS COORDINATORS SPEAKERS

**CL:** Closing ceremony **PGC:** Post-graduate **EP:** E-poster Session course IS: Inaugural Session **SOA:** Short Oral Abstract MTE: Meet the experts session OA: Oral Abstract **SP:** Symposium PC: Poster Discussion SSS: Sponsored Satelllite session Symposia PL: Plenary Session WS: Workshop

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A
Abdel Aziz M SSS 05
Abdullaev T SP 53
Abildaev T SP 55
Abu Rumman K SSS 05
Abwao E SP 12
Acosta C SP 07
Adae Bonsu F WS 07
Adam D PC 72
Adams L SP 06
Adepoyibi T EP 13
Agaku I SP 50
Agarwal U WS 13
Aghi M SP 32
Ahmad Khan F PC 27
Ahmedov S WS 07
Ahuja V SSS 06
Aït Khaled N PC 21
Akramul Islam M SP 16, SP 43
Al Atwani J SSS 05
Albert H SP 18, SP 19
Alffenaar J WS 02
Ali J SSS 01
Aliberti S SP 26
Allan M SP 52
Alland D SP 14
Amaechi C PC 34
Amaya M WS 11
Amos A
Anderson L SP 39
Andre E WS 04
Andrej S SSS 12
Andrew C SP 60
Annika S SP 31
Arinaminpathy N WS 14
Aronson N SP 25
Arscott-mills T SP 21
Aseresa
Melese M SP 16, SP 44,
SP 64
Aslam F PC 47
Aslan D SP 56
Aung ST 0A 15
Aviles E WS 15
Ayles H 0A 17, SP 04
Ayo-Yusuf 0 MTE 04, SP 50
Azevedo V PC 49
A200000 V 1 O 43
В
Baddeley A SP 17
Baert S WS 06
Baker J WS 04
Bakker M PC 31, WS 12
Bam TS PC 48, SP 13
Bantubani N PC 62
Banuru
Muralidhara P SP 13

Baral S . . . . . . . . SP 43

	Barnes Z	. WS 14 . WS 11 . SP 10 . SP 08 . OA 09, PL 1 . SP 28 . SP 13 . SP 24 . PC 54 . PGC 13, SOA 05 . PL 2 . SP 13 . PGC 12 . WS 12 . SP 61 . SOA 02 . SP 48 . WS 12 . SP 33 . SSS 06, WS 05, . WS 06 . SP 11 . SP 15 . WS 12 . SSS 06 . SP 11 . SP 15 . WS 12 . SSS 03 . OA 04 . SP 54 . PGC 06 . OA 01, PC 13
)))	Busisiwe B. Buss P.  Cabibbe A. Cadmus S. Calnan M. Caminero Luna J. Canosci A. Carole W. Carter E. Casenghi M. Castro JL. Castro K. Caylà J. Cesari G. Chadha S. Chaisson R. Chaka Chaka Y. Chakaya J. Chanda P. Charalambous S. Chavan D. Chen L. Chen M.	. SP 63  . WS 15 . SP 05 . SP 05 . SP 51 . PGC 07, PGC 13 . SSS 13 . SSS 13 . IS, SP 33, SP 35 . SP 23, SP 36 . SP 62 . PL 3 . OA 14 . SP 49 . SP 22, SSS 05 . WS 10 . SP 20, SSS 02 . SP 04 . CL . OA 05 . SP 15 . PC 67, SP 20 . WS 13 . SP 16, SP 62

Chesire L. Chiang C. Chicuecue N. Chimzizi R. Choko A. Choko A. Christensen A.	. PGC 13 . SOA 04 . WS 07 . SP 42 . SP 42 . OA 03, PC 60,
Churchyard G Cirillo D	. SP 47, WS 05 . SP 14, SP 26,
Citro B	. SP 52 . SSS 02 . SP 46 . SP 14 . PC 18, PC 43 . 0A 17 . SP 57, SP 58 . SP 60 . PC 28, SP 17,
Connor S	. PGC 08 . PGC 06, SP 03,
Corbett L	. SP 15 . SP 30 . WS 03 . 0A 12 . PC 63, PGC 06 . PGC 06 . WS 15 . SSS 09 . 0A 18, SP 21 . WS 04
Daftary A Dagli E Daley C Dalton T Danaviah S Daniels C Dare D	. OA 19, SP 56 . SP 23, WS 08 . SP 41 . WS 15 . SP 46, WS 11
Daru P. Date A. David A . Davies G . Dawson R . De Andrade M . De Lange W . Dehghani K . Del Granado M . Denholm J . Denkinger C . Detjen A . Dewan R .	. PGC 09 . PC 15, SP 04 . SP 44 . WS 05 . SP 45 . SP 56 . SP 49 . SP 30 . SP 30 . SP 35 . SP 26 . SP 26

Dewan P	SD 07 SD 51
Dheda K	
61, SP 65	. 10 29, 31 12, 31
Diacon A	QD 35
Dias M	
Dinihari T	
Ditiu L	
Dlamini S	
Dlodlo R	
Dockhorn F	
Dodd P	
Dogar O	
Doherty M	
Dolinger D	
Donald P	. MTE 01
Dooley K	. SP 08
Dorji Sadutshang T.	
Dorman S	
	. SP 61
Douglas P	
Doulhourou C	. SSS 05
Doung B	. SP 47
Dowdy D	. SP 57
Drager N	
Dreyer A	
Du Cros P	
Du Preez K	
Dunbar R	. SP 09
Dybul M	. PL 1, SP 01, SP 34
	. SP 53, SSS 05
Ε	
. –	DCC 02
Ebrahim A	
Edginton M Elmoghazy E	
El-Sony	
Enane L	
England K	
	SP 23 SP 44
Evans C	
	. 0. 22
F	
Falzon D	. SP 12, SP 26,
	. SP 51, WS 08,
	. WS 16
Fanning A	. SP 30, SP 42
Febriani E	. PGC 09
Falzon D Fanning A Febriani E Feinstein S Feldman C Ferreira J Fiekert K Fielding K Firth J Ford N Fortune D	
Feldman C	. OA 20, SP 29
Ferreira J	
Fiekert K	
Fielding K	
Firth J	
Ford N	
Fortune D	. SP 62

Foster N SP 57	Harries A 0A 07, SP 04,	Kaplan G SP 40	Magazi B WS 02
Fourie B SP 37, WS 08	WS 01	Karapetyan G WS 03	Mahamba V PC 06
Frick M OA 25, SP 42	Hatherill M EP 04, MTE 03,	Karpati A SP 31	Mahesh P SP 52
•		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fujiwara P PGC 13, SP 59	SP 47	Katlholo T SP 21	Makombe R OA 13, PGC 09
Furin J PGC 02, PGC 03,		Kavtaradze M WS 14	Malik F SP 52
PGC 06, SP 03,	Hausler H PC 42	Kazwala R SP 05	Malinga L PC 14
SP 10, SP 55,	Hawn T SP 25	Kelbert S EP 10, PC 07	Maloney S SP 11
SSS 06	Hazangwe P PGC 10	Kelly M SP 29	Mamba P SP 11
	•	• The state of the	
G	He Z	Kelly-Cirino C SSS 10	Mametja L SP 01
•	Heldal E PGC 10	Kenneth M SP 16	Mandalakas A OA 23, SP 06,
Gabunia T PGC 09, SP 51	Hermana G SSS 05	Kenyi JL PC 65	SP 21
Gama E SP 09	Hermans S SOA 03	Keravec J WS 14	Mansfield C SSS 01
Gandhi N SP 34	Hesseling A OA 18, SP 08,	Khaleguzzaman M SP 38	Mansoor H SSS 06
Garcia D WS 10		Khan A SP 18, SSS 12	Mantala M WS 07
Garcia D WS 10	SP 27		•
	Hewison C WS 16	Khan U WS 12	Mantell J PGC 03
Garcia-Prats A PGC 02,	Heysell S WS 02	Khue LN PL 3, SP 24	Manwa C PL 1
PGC 06, SP 27,	Hickey A SP 37	Kibuchi E MTE 06, SOA 01	Marais B PC 20
SP 54	Hilton L SP 57	Kielmann K PGC 03	Marcy 0 SP 54
Garfin A SP 58	Hippner P PGC 04	Kimerling M SP 57	Mariandyshev A PGC 07
Gargioni G WS 08			Marks G 0A 26
•	Hirsch-moverman Y . SP 21	Kirenga B PC 61	
Gaye-Ayrault M PGC 01	Ho C SP 47	Kitheka M PC 57, SOA 02	Marokane P SP 44
Gebhard A PC 02, SP 28	Hoddinott G SP 42	Kizito E SP 64	Marquez P SP 24
Gelderbloem S EP 07	Hoelscher M SP 45	Klinkenberg E SP 15, SP 39	Marra C WS 07
Geldmacher C SP 14	Hoffmann H SP 23, SSS 13	Knight G PGC 04	Martinson N PC 73, SP 61,
Gemechu T SP 44	Holland S WS 14	Kojiya S SSS 08	SSS 13
Gemechu D SP 46. SP 60	•	•	Maruta A
	Holohan M OA 05, WS 07	Konduri N WS 16	• Company of the comp
Gendreau A SSS 01	Horsburgh R PGC 06, SP 03	Kosgei R SP 08	Maruta A SP 11
Getahun H PC 24, SP 47	Horter S PGC 03	Koura G PC 68	Maruta T SP 19
Ghafoor A WS 07	Hosseinipour M SP 04	Kranzer K PGC 02	Mase S PGC 07
Gie R SP 29	Houben R PGC 04, SP 33	Krasnov D SP 07	Masembe P SP 46
Gilpin C PGC 07, SP 19,	i i	•	Masini E 0A 12
	Hughes J WS 06	Krishnan N WS 13	
WS 15	Hunt C PGC 01	Kritski A SP 09, SP 40	Massaut S PC 17, SP 36
Giovagnoli S SP 37	Huque R SP 50	Krivelyova A SSS 07	Master I SP 65, SSS 03
Girma M SP 09	Hurtado R PGC 07	Kumar B PC 09, SP 60,	Mathad J SP 08
Gitali J SP 32	•	WS 07, WS 11,	Mathew T SP 31
Gitali J SP 32		WS 13	Matiru R WS 14
Githui W SSS 07	lbrahim W SSS 12		Matji R PGC 09, SP 51
		Kumar A WS 01	•
Golub J OA 13	Ihekweazu C SP 39	Kurbatova E OA 21, SP 55	Matsha-Carpentier N WS 11
Golubkov A SP 02, SP 55	Innes A SP 22, WS 10	Kuska L PGC 06	Matteelli A PGC 13, WS 08
Gonzalez-Juarrero M SP 37	Iro K WS 10	Kwara A SP 54	Matu M SSS 07
Gopali R SP 22	Isaakidis P PGC 03. SSS 06.	Kwiecien A SP 12, WS 06,	Mavhunga F 0A 15, 0A 24,
Gordon S SP 29, SP 38	WS 06		SP 04
Graham S EP 12, PGC 13,	Isherwood L WS 15		Mayanja H SOA 05
	•		•
SP 21, SP 29,	Islam S SP 02, SP 43,	L	Mbiko M SP 34
WS 08	SP 46, SP 64	Lal P PC 46	Mcdowell A PGC 03
Grant I SP 05	Ismail N SSS 03	Lalli M SP 28	Mchenga M SP 09
Gratziou C SP 26	Israel A SP 34, SSS 02	Laloo D SP 62	McIlleron H OA 16, SP 54,
Guay L SP 06		Langley I SP 09	WS 02
Gudmund	J	Lardizabal A SP 07	Mckenna L SP 10
	•	•	•
Hinderaker S WS 01	Jacob C WS 12	Law I SP 15	Mdolo K PC 64
Guerra Echevarria D. PGC 08	Jacobs K PGC 02	Lawn S MTE 02	Mehdiyev R SP 20
Guglielmetti L PGC 06	Jain D WS 13	Lee E EP 11, SSS 02	Mehtar S SP 11
Gumbo T WS 02	James T WS 03	Leenhouts-Martin L WS 07	Meintjes G OA 11, SSS 03
Gunneberg C WS 07	Jaramillo E PGC 07, PGC 08,	Lemaire J SP 23	Meis M EP 06, MTE 07
Gupta A SP 08		Lessem E SP 03, SSS 06	Mendel C SP 45, SP 61
•			Menzies R EP 03, SP 40,
Gupta S SSS 06		Lester R SP 26	i i i i i i i i i i i i i i i i i i i
Gurbanova E SP 20	Jemal Abdulahi I SP 16	Lewinsohn D SP 25	SP 61, WS 08
Gutta G SP 44	Jensen P PC 53, PGC 12	Liederman A WS 04	Menzies N SP 33
	Jittimanee S SP 58	Lienhardt C PGC 06, SP 40,	Merker M WS 15
Н	Joel M WS 07, WS 11	WS 05	Merle C WS 05
Habib A SP 22, SP 36,	John S SP 30, SP 60	Lipke V MTE 07	Mesic A SSS 12
SP 51, WS 04	•	• · · · ·	Mfinanga S SP 05
	Johnson D OA 08	Livchits V SP 31, SSS 02	•
Hafkin J SP 10	John-Stewart G SP 08	Lobato M SP 20	Michel A SP 63
Hafner R SP 61	Joloba M SP 19, SSS 07	Lonnroth K SP 31, SP 40	Middelkoop K SOA 04
Haglund M SP 56	Jones A SP 13, SP 24	Loveday M PC 52, SP 34,	Migliori G SP 07, SP 26,
Hamid M WS 07	Joseph LH 0A 21	SP 65	SP 49
Hamusse Daba S SP 64	Julian S SSS 12	Low M SP 03, SP 45	Miller M SP 63
Hanekom W PC 59	Julian J		Mirzayev F SP 07, SP 18,
	i K	Lynch S 0A 06, PGC 06	• Control of the cont
Hang M PGC 09		M	SP 20
Hanna D SP 48, WS 02	Kadoda G SP 30		Misra A SP 37
Hanson-Nortey NN PC 08	Kak N SP 51, SP 58	Maama-Maime L OA 02	Mitarai S SSS 08
Hanumanthappa K SP 05	Kakanda K SP 12	Maartens G SP 04	Mitchell EMH PC 32
Harausz E SP 27	Kambili C SP 03	Macdonal HPGC 03	Mitnick C SP 45
Harper I PGC 03	Kanchar A SP 17, WS 08	Macek C WS 04	Mizrahi V PC 11, SP 40
πωροι 1 Ι αυ υυ	I		
	Kapata N OA 01, WS 07	Madan J SP 09	Mlandu K MTE 05

	_		
Mndaweni S SP 51	: <b>P</b>	Schoolnik G SP 14	Tsanava N SSS 12
Mndaweni S PGC 08	Padayatchi N PGC 03, SP 65	Schrager L SP 25, SSS 09	Tudor C PC 41, PCG 12,
Modi S PC 19, SP 17	Pai M PGC 03	Schutz C PC 50	SP 36
	•		•
Moelich W PC 23	Parpieva N WS 05	Schwartzman K 0A 08, SP 41	Tun Z
Molapo S SP 44	Pasha A SP 31	Scott C SP 27	Tupasi T SP 55
Mondlane A OA 02	Pasipanodya J SP 48, WS 02	Scott L SP 44, SSS 10,	Turnlund M WS 04
Monedero I PGC 07, SP 49	Paton N SP 45	SSS 11, SSS 13	••
Mor Z EP 09	Patrawalla A PGC 13	Scott C SP 63	U
Mosca D WS 10	Paul J PL 3, SP 24	Scriba T EP 14, SSS 09	Udwadia Z SSS 06
	Perez-Padilla R SP 38	Seddon J EP 05, PC 45,	Ulate J WS 03
Mostaghim S WS 14			Umoru I WS 11
Motsoaledi A SP 01, SP 53	Pertinez H SP 48	PGC 02, SP 27	•
Mphahlele M PGC 12	Phillips P SP 45	Sediq M SP 64	Umubyeyi
Mugabe F SP 15, SP 16,	Piatek A OA 22, PC 39,	Senthilingam M SP 65	Nyaruhirira A SP 16, SP 19,
WS 07	SP 36, WS 04	Setkina S PGC 06	SP 44
Muhwa J SP 40	Pietersen E SP 65	Seung K SP 02	Useni S SP 36
	Pillay Y SP 33, SSS 03	Shah S SP 34, SP 41,	Uzakova G SP 28
Mukadi YD SOA 03, WS 16		SP 47, SP 50,	
Mukhopadhyay S WS 03	Poolman M PC 16	•	V
Mukhtarli E WS 06	Prasad V SP 13	SP 61	Van Beers S PC 55
Muleshe S WS 07	Pym A WS 15	Sharma R SP 32	•
Mullin S SP 32		Sheila T SP 53	Van Den Hof S PC 35, PGC 07,
	Q	Shinnick T PC 40	WS 16
Munachitombwe M . MTE 06, 0A 25	Quan G PC 71, SP 24	Siahaan E SP 60	van der Merwe R WS 15
Musso M SP 63	Quinn F	Siddigi K SP 50	Van Der Walt M PC 51
Mutayoba B OA 07	Quilii I SF 05		Van Gemert W SP 18, SP 44
Muwonge A EP 01, SP 05,	R	Sidibe M PL 1, SP 01	Van Helden P PL 2
SP 63		Sikhondze W SP 23	•
Mvusi L SP 17	Rabie H PC 69, SP 54	Silva M SP 63	Van Hest R SP 49
	Raftery A PGC 02	Singh R SP 13	Van Rie A PC 26
Mwatawala S WS 14	Rahman Jassim	Sismanidis C SP 39	Van Weezenbeek K SP 28
NI	Al-Mossawi H PGC 08	Sitienei J SP 17	Varaine F PGC 07, SP 03
N	Raizada N SSS 11	•	Vassall A PGC 04
Nabakooza M SP 42	•	Siziba N PGC 10	Vernon A SP 61
Nachman S SP 54, WS 05	Rajan L SP 22	Skrahina A SP 18, SP 26,	Verver S SP 39
Naicker P SSS 13	Ramangoaela L SP 55	SP 55, WS 16	
Naidoo P SOA 03	Ramaphosa M IS	Smith-Arthur A PGC 08,	Vidyasagaran A SP 50
	Ramis 0 WS 12	PGC 09	Vincent C WS 14
Naik S SP 08	Rashidi M SP 64	Snyman L WS 06	Volchenkov G PGC 12
Nair D SP 10	Ratte S PC 66	Song R EP 02	Vyas A SP 60
Nalumu J IS	Raviglione M SP 01, SP 26,		Vynnycky E PGC 04
Nardell E OA 06, PGC 12,	· · · · · · · · · · · · · · · · · · ·	Squire S SP 09, WS 05	
SP 25, SP 37	SSS 05	Stavia T SP 64	W
Nassabi C SSS 08	Reid A OA 09, SP 01	Stender S IS	Walley J SP 43
	Reid T WS 01	Sterling T OA 11	
Ncube R PGC 10, SP 36	Rich M WS 16	Stevens G SSS 11	Walters E SSS 11
Ndjeka N SP 12, SSS 03	Robinson J SSS 10	Stillo J SP 52	Walzl G SP 14
Negussie G SP 64	Rodriguez C SP 03, SP 10	•	Wandwalo E WS 07
Ngamije D SSS 07		Story A SP 26, SP 31,	Wang S EP 08
Nguyen T SP 06	Rodriguez M SP 49	SP 49	Wares F SP 28
0 )	Rodwell T PC 38	Stringer B PGC 03	Warner D OA 16
Nguyen L WS 08	Rohling M SSS 08	Struminger B SP 62	Warner V SP 32
Nhung N SP 28, SP 62,	Romero K SP 48	Suarez P SP 64	
WS 16	Romero Leyet R SSS 03	Sumner T PGC 04	Warren R 0A 22, WS 15
Nicol M PC 12, SSS 11	Rucsineanu 0 WS 06, WS 11	Sun Q SP 43	Wei X SP 43
Niemann S WS 15	Ruhweza M SP 16	•	Weil D SP 58
Nikisi J OA 14, PC 04	•	Suvanand S WS 07	Wejse C SP 14
Niselman C SP 22	Ruiz Mingote L SP 42	Swaminathan S WS 02, WS 13	Wells W SP 58
	Rumaney M SP 23	Swindells S SP 61	Weyer K WS 08
Njuguna C WS 14	Rusen I PC 03, SP 35	Szkwarko D SP 21	White R PGC 04, SP 33
Nkosi B PGC 08	Ruswa N SP 62		
Nqobile M PGC 10	Rutta E SP 57	: T	Widaningrum C SP 39
Nuermberger E WS 02	Ruy De Souza J SP 18	Tadolini M SP 27	Wilcox E SSS 09
Nunes E SP 11	indy bo oouza o or To	Tahseen S SP 44, SSS 10	Williams A SSS 03
Nunn A SP 35	S		Wobeser W SP 30
Nwadike P SP 23	I	Takle J SP 18, SP 19,	Wood R MTE 02
	Sahu S SP 53, SP 62,	WS 04	
Nyange B WS 04	WS 14	Taksdal M WS 10	X
Nyang'wa B WS 05	Salfinger M SSS 10	Talbot E SSS 01	Xu C SP 11
Nzombe P PC 36	Salomao A PC 05	Talukder K SP 38	
	Saloojee Y PL 3, SP 24	Tameris M SP 42	У
0	Samuel B WS 03	Tesche J 0A 19, SP 24	• =
0'Brien R SP 42		•	Yaacoub H SSS 05
	Sanaie A SP 46	Thakur KS PL 3	Yassin M WS 07
0'Dea L	Sandy C PGC 10, SP 15,	Theron G MTE 08, SOA 01,	Yedilbayev A SP 02, WS 16
Olea-Popelka F SP 05, SP 63	SP 36	SP 18, SSS 11	Yin J SP 43
			Yuen C SP 10
Oliver J 0A 10	Savic R SP 08	: Thom A OA 04	· ruen C SP III
Oliver J 0A 10 Omar S WS 15	Savic R SP 08	•	ruen G
Omar S WS 15	Savic R SP 08 Schaaf S 0A 23, PC 44	Thomson K SP 46, SP 52	
Omar S WS 15 Oni T PC 25	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03	Z
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03 Thuy H SP 33	<b>Z</b> Zachariah R WS 01
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15         Orejel R       SP 28	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47       Schito M         SP 48	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03 Thuy H SP 33 Tiemersma E WS 16	<b>Z</b> Zachariah R WS 01  Zagorski A SP 28, WS 14
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15         Orejel R       SP 28         Orozco D       SP 23	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47       Schito M         Schleusener V       WS 15	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03 Thuy H SP 33	<b>Z</b> Zachariah R WS 01
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15         Orejel R       SP 28	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47       Schito M         SP 48	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03 Thuy H SP 33 Tiemersma E WS 16	<b>Z</b> Zachariah R WS 01  Zagorski A SP 28, WS 14
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15         Orejel R       SP 28         Orozco D       SP 23	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47       Schito M         Schleusener V       WS 15	Thomson K SP 46, SP 52 Thuralayil Cherian D . WS 03 Thuy H SP 33 Tiemersma E WS 16 Tillyashaykhov M WS 05	Z Zachariah R WS 01 Zagorski A SP 28, WS 14 Zellweger J SP 07
Omar S       WS 15         Oni T       PC 25         Onozaki I       SP 15         Orejel R       SP 28         Orozco D       SP 23         Osewe P       SP 53	Savic R       SP 08         Schaaf S       OA 23, PC 44         Schaaf H       PGC 02, SP 27,         SP 47         Schito M       SP 48         Schleusener V       WS 15         Schluger N       EP 15, PGC 13,	Thomson K SP 46, SP 52 Thuralayil Cherian D. WS 03 Thuy H SP 33 Tiemersma E WS 16 Tillyashaykhov M WS 05 Tisile P OA 03, PL 2,	Z Zachariah R WS 01 Zagorski A SP 28, WS 14 Zellweger J SP 07 Zignol M PGC 07



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Abdullaev T SP B, SP H Amaechi C WS A  B Berrie L SP F Boyko R SP D Bury M SP C  C Cattamanchi A SP G Cerulova M SP B Chakhaia T SP B Charalambous S SP E Citro B SP H Connell L SP F Constantin C SP B  D D Daniels C SP D Derynck M SP A Dhalla N
Berrie L
Berrie L
Berrie L
Boyko R SP D Bury M SP C  Cattamanchi A SP G Cerulova M SP B Chakhaia T SP B Charalambous S SP E Citro B SP H Connell L SP B  D  Daniels C
Bury M SP C  Cattamanchi A SP G Cerulova M SP B Chakhaia T SP B Charalambous S SP E Citro B SP H Connell L SP F Constantin C SP B  D Daniels C SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Cattamanchi A SP G Cerulova M SP B Chakhaia T SP B Charalambous S . SP E Citro B SP H Connell L SP F Constantin C SP B  D Daniels C SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Cattamanchi A. SP G Cerulova M SP B Chakhaia T SP B Charalambous S SP E Citro B. SP H Connell L SP F Constantin C SP B  D Daniels C. SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Cattamanchi A. SP G Cerulova M SP B Chakhaia T SP B Charalambous S SP E Citro B. SP H Connell L SP F Constantin C SP B  D Daniels C. SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Cerulova M SP B Chakhaia T SP B Charalambous S . SP E Citro B SP H Connell L SP F Constantin C SP B  D D Daniels C SP D Derynck M SP A Dhalla N SP D Dietrich J SP D
Chakhaia T SP B Charalambous S SP E Citro B
Charalambous S         SP E           Citro B         SP H           Connell L         SP F           Constantin C         SP B           D         D           Daniels C         SP D           Derynck M         SP A           Dhalla N         SP I           Dietrich J         SP D
Citro B. SP H Connell L. SP F Constantin C SP B  D D Daniels C. SP D Derynck M. SP A Dhalla N SP I Dietrich J. SP D
Connell L
Connell L
Constantin C SP B  Daniels C SP D  Derynck M SP A  Dhalla N SP I  Dietrich J SP D
Daniels C SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Daniels C SP D Derynck M SP A Dhalla N SP I Dietrich J SP D
Derynck M SP A Dhalla N SP I Dietrich J SP D
Dhalla N SP I Dietrich J SP D
Dhalla N SP I Dietrich J SP D
Dlamini S SP E
Dybul M SP F

E	
Eligh J	SP C
Evans C	
F	
Farley J	SP F
G	
Goldstein S	WS B
Grandjean L	
н	
Hausler H	SP C, SF
Heather D	
Heywood M	SP D
Hilliard S	WS B
1	
Ismail N	SP E
J	
Joseph T	WS A
K	
Kimeu A	WS A
Kistnasamy B	SP F

L	
Latifov A	SP B
M	
Mahesh P	SP H
Maleche A	SP D
Mametja L	SP E
Mangan J	SP I
McElroy L	
Mitnick C	
Moelich W	SP I
Moore D	
Moya E	
Mulder C	
N	
Naicker M	SP E
Naidoo P	SP E
Ndjeka N	SP E
Nyrinda C	WS A
0	
Oliver M	SP A
Opiyo A	WS C
P	
Page-Shipp L	SP F
Pillay Y	

R
Reid S SP C
Reid A SP E
Rucsineanu O SP B
Rugg T WS C
S
Sandgren A SP G
Seddon J SP G
Senthilingam M WS B
Stender S OA A
Stephens J SP D
Stillo J SP B, SP H
<b>T</b> Tavora
Santos-Filho E SP H
Turusbekova N SP B, SP H
V
Valentina Antonieta A SP G
van den Hombergh . SP C
Voitzwinkler F SP B
W
Walton W SP I

NOTES		

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- · Jackson-Morris A (UK)
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- 229

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TB control in prisons: Masoud Dara (Denmark), Sarabjit Chadha (India) TB and migration: Gilles Cesari (Switzerland), Poonam Dhavan (Philippines)

TB Infection Control: Grigory Volchenkov (Russia), Rose Pray (USA), Matsie Mphahlele

Global Indigenous Stop TB Initiative: Anne Fanning (Canada)

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TB and Mental Health: Annika Sweetland (USA), Adam Karpati (USA)

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### BACTERIOLOGY AND IMMUNOLOGY

Chair: Thomas Shinnick (USA) Programme Secretary:

Programme Secretary Stella van Beers (Netherlands)

### **ZOONOTIC TB**

Chair: Francisco Olea-Popelka (USA) Programme Secretary: Adrian Muwonge

### **Working Group**

Creating Global Awareness of Zoonotic TB: Francisco Olea-Popelka (USA), Alejandro Perera (Mexico), Adrian Muwonge (Uganda)

### NURSING AND ALLIED PROFESSIONALS (NAPS)

Chair: Kerrie Anne Shaw (Australia)

Programme Secretary: Carrie Tudor (USA) **Working Groups** 

(Uganda)

Best practice for patientcentred care: Virginia Williams (Switzerland), Inge Schreurs (Netherlands) Regional Mobilisation of NAPS: Tiemi Arakawa (Brazil)

TB Education and training: Allison Maiuri (USA), Linette McElroy (Canada)

### **ADULT & CHILD LUNG HEALTH SECTION**

Chair: Simon Schaaf (South Africa)

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### **Working Groups**

Childhood TB: Anne Detjen (USA), James Seddon (UK) Asthma management in low- and middleincome countries: Jean-William Fitting (Switzerland), Karen Bissell (New Zealand)

Maternal-child TB: Surbhi Modi (USA), Adrie Bekker (South Africa), Lisa Cranmer (USA)

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### **Working Groups**

Countering Tobacco Industry interference in public health policies: Anne Jones (Australia), Matthew Allen (New Zealand) Getting research into tobacco control policy at regional and country level: Md. Akramul Islam (Bangladesh)

TB, HIV and tobacco: Thomas E. Novotny (USA), Kamran Siddigi (UK)

### HISTORY OF THE UNION WORLD CONFERENCE

The first international
conference on
tuberculosis was held
in 1867, well before
the cause of TB was
discovered by Prof
Robert Koch in 1882.
The Union traces
its origins to these
gatherings of experts
from around the world
who were determined
to collaborate and find
a common solution to
«the White Plague»
<ul> <li>tuberculosis. The</li> </ul>
International Union
Against Tuberculosis
(IUAT) was formed
by 31 national lung
associations at the first
meeting after World
War I, held in Paris in
1920. This is known
as the Constitutional

Conference.

YEAR	CITY
2016	Liverpool
2015	Cape Town
2014	Barcelone
2013	Paris
2012	Kuala Lumpur
2011	Lille
2010	Berlin
2009	Cancún
2008	Paris
2007	Cape Town
2006	Paris
2005	Paris
2004	Paris
2003	Paris
2002	Montreal
2001	Paris
2000	Florence
1999	Madrid,
1998	Bangkok
1997	Paris
1996	Paris
1995	Paris
1994	Mainz
1990	Boston

1986

Singapore

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Dr Songkram Supcharoen
Prof Rudolf Ferlinz
Mr James Swomley

Dr N C Sen Gupta

YEAR	СІТУ
1982	Buenos Aires
1978	Brussels
1975	Mexico
1973	Tokyo
1971	Moscow
1969	New York
1967	Amsterdam
1965	Munich
1963	Rome
1961	Toronto
1959	Istanbul
1957	New Delhi
1954	Madrid
1952	Rio de Janeiro
1950	Copenhagen
1937	Lisbon
1934	Warsaw
1932	Amsterdam
1930	Oslo
1928	Rome
1926	Washington
1924	Lausanne
1922	Brussels

London

Paris

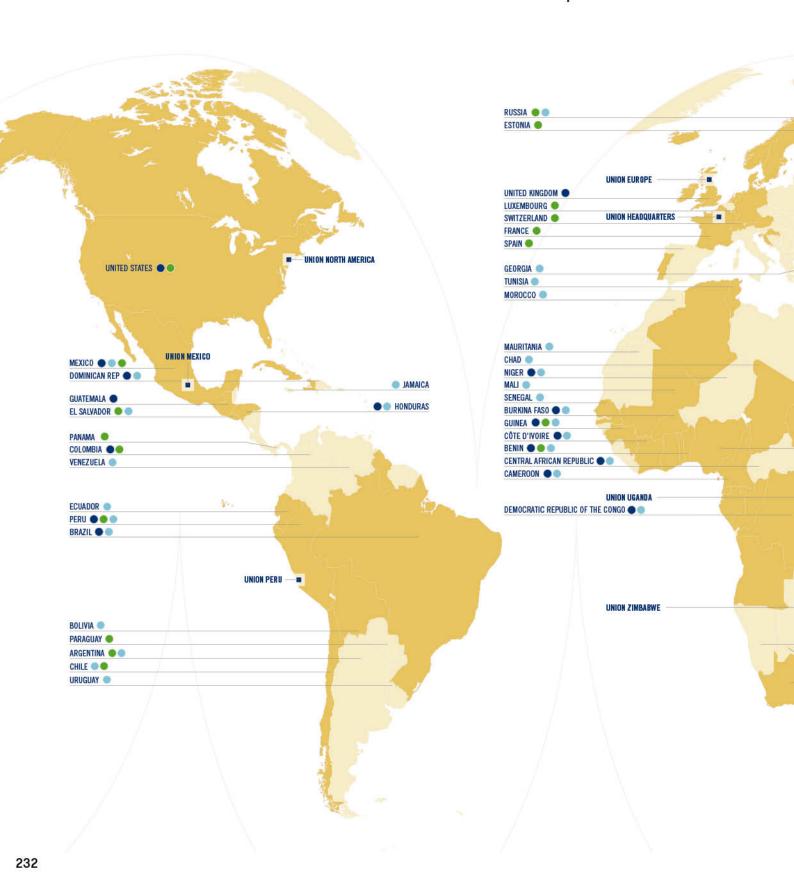
1921

1920

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Constitutional conference	

### HEALTH SOLUTIONS FOR THE POOR: GLOBAL ACTIVITIES 2014

The Union's 472 staff and consultants offered technical assistance, provided education and training and conducted research in 83 countries in 2014. In addition, Union members in 146 countries worked to fulfill our common vision of health solutions for the poor.

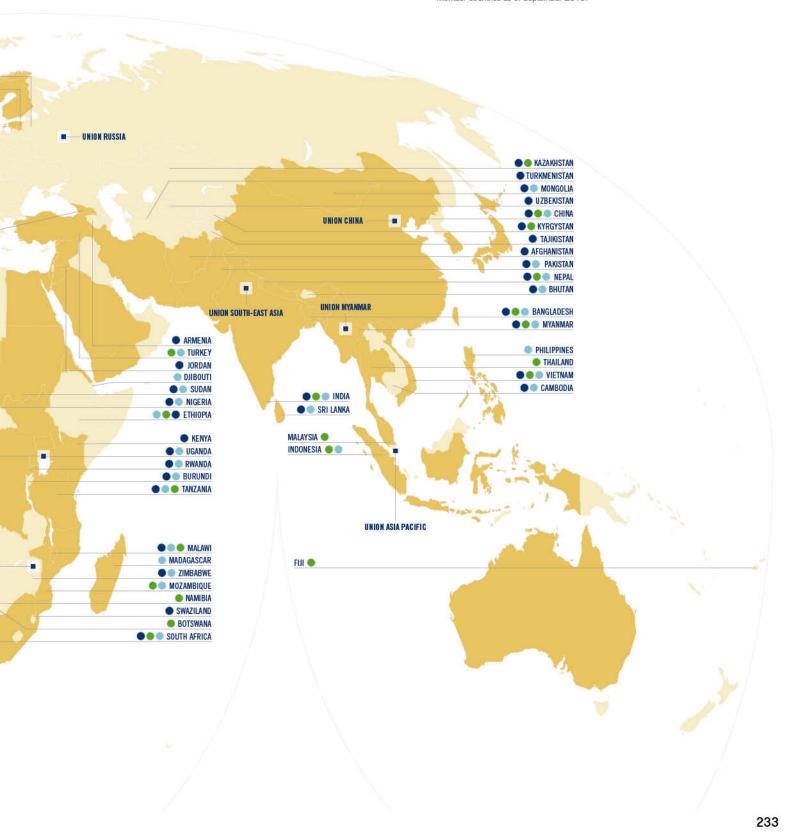




- 37 COUNTRIES: COURSES AND CONFERENCES
- 56 COUNTRIES: TECHNICAL ASSISTANCE
- 12 UNION OFFICES

### 💘 🚒 86 UNION MEMBER COUNTRIES

Activities are from the 2014 Annual Report. Member countries as of September 2015.





### **DIRECTLY OBSERVED TREATMENT (DOTS)** It's a WHO Strategy to cure and control TB

### Serveis Clínics is a reference as a DOTS TB clinic in Spain

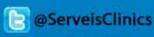


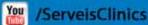
The TB patient can be treated in the clinic, at home or at work, where the process will be supervised by a trained medical team to face the treatment properly until the disease is cured



Our TB medical staff is highly prepared to control and heal TB, MDR-TB or XDR-TB







García Mariño, 4 08022 Barcelona Phone: +34 93 417 46 02

Visit our website: www.serveisclinics.com



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### A story of successful private public partnership

Introduction of bedaquiline into the National TB programme of South Africa













There is an urgent need to improve the outcomes of M/XDR TB treatment. For the first time in decades, there are a number of new and repurposed drugs now available that have the potential to improve the outcomes.

These include bedaquiline and linezolid. Randomised controlled clinical trial data is eagerly awaited as to how to incorporate these drugs into effective regimens.

However, there is a need to urgently provide access to these drugs, to patients with few treatment options remaining. Adequate measures need to be taken to assess both safety and efficacy. In addition, injudicious use of the new drugs without an optimised background regimen may result in resistance. With a HIV prevalent background of at least 10% in most provinces of South Africa, the new drugs would need to be combined with antiretrovirals in many patients.

Following a successful clinical access programme, with careful attention paid to the regulatory framework and ethical consideration, the National Department decided to embark on an access programme. In a collaboration led by the National Department of Health of South Africa, Janssen Pharmaceutica and other partners including Right to Care and Médecins Sans Frontiers, access was provided to bedaquiline to over 200 patients prior to registration.

Following registration in October 2014, a bold decision was made to provide access as broadly as possible within South Africa. Input from experts in South Africa was used to decide on a framework for introduction of new drug and new drug regimens, as well as the mechanism adopted to ensure the ongoing protection of the drug and monitoring for resistance.

Friday, 04 December 2015 • 7:30 to 8:45am Session N.02054

The Westin Capetown, Ballroom West Convention Square, Lower Long Street Capetown 8000

### International Union Against Tuberculosis and Lung Disease

ruberediosis and Eding Discuse	
07:30 - 07:35	Opening remarks - Norbert Ndjeka (South Africa)
07:35 - 07:55	Early clinical outcomes of bedaquiline patients and lessons learnt - Iqbal Master (South Africa)
07:55 - 08:15	Launch of the framework for the "Introduction of new drug and new drug regimen for the treatment of drug-resistant TB" - Yogan Pillay (South Africa)
08:15 - 08:30	Focus on patient selection for bedaquiline and other new drugs - Francesca Conradie (South Africa)
08:30 - 08:45	Bedaquiline resistance monitoring - Nazir Ismail (South Africa)

### Chairs

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Rodolfo Romero Leyet (South Africa) romeroleyet@mweb.co.za











# CONFRONTING RESISTANCE: FUNDAMENTALS TO INNOVATIONS

THE 47<sup>TH</sup> UNION WORLD CONFERENCE ON LUNG HEALTH

25-29 OCTOBER 2016 ACC LIVERPOOL UNITED KINGDOM