
*West African Academy of Public Health (WAAPH) Virtual
Internship Program (VIP)*

**TRANSCRIPT OF INTERVIEW WITH DR LUCICA DITIU, THE EXECUTIVE
DIRECTOR OF THE STOP TB PARTNERSHIP**

**Young People as Important Stakeholders in Stopping the Scourge of
Tuberculosis: An Interview with Dr. Lucica Ditiu, the Executive Director of
the Stop TB**

On Tuesday, 22nd June, 2017, the Batch B interns of the West African Academy of Public Health (WAAPH) organized an interview session with the Executive Director of the Stop TB Partnership, Dr. Lucica Ditiu on the role of young people in the global war against the scourge of tuberculosis. The online interview was moderated by Dr. Francis Ohanyido, the Chair of the Board of WAAPH/President, and supported by the coordinator of the internship programme, Ms. Peace Ojiyi.



Figure 1 West African Academy of public Health's Cohort 2 (Batch B) Virtual Interns

WAAPH VIP: We would like to begin by commending your relentless effort towards the elimination of TB. Can you tell us about the Stop TB Partnership and its current priorities?

Dr. Lucica Ditiu: Thank you, before starting with that, I actually wanted to thank you very much, Dr. Ohanyido, and thank you very much to everyone present.

For two reasons, one is that at the broader picture, the adolescent engagement in big Global Health Agenda, as well as on different public health aspects. The drive, as well as the innovation, that adolescents and young generation/young people can dream, I think it's very important in this moment in the world, and in general, it is extremely important and very useful.

I am very happy we have this opportunity to speak. For a long time young generations and young people were not properly involved and engaged, even though a lot of diseases are now affecting them. And then a lot of the solutions on how to address these diseases were created without their involvement and input, not only in creating, but also in the implementation and in the monitoring of interventions. I think what you do is very good thing. Congratulations on this!

And also for the work the Academy is doing to bring everyone and especially the younger ones to the table. Going to what is the Stop TB Partnership: we are a United Nations partnership, very similar to UNAIDS in the fact that we are a part of the United Nations family, with a vision to end TB.

The Stop TB Partnership, is a partnership that adheres to our vision which is; '*A world without tuberculosis*'. So we hope that one day, hopefully very soon, rather than very late, we will be able to have a world without TB. As a partnership, we are based in Geneva. We are currently 60 people and we have staff in the regions as well.

We have a board, which is our leading body, composed of 26 members, including the chair and the vice chair; the chairman is the Minister of Health of South Africa. We also have the Minister of Health of Mozambique, the Minister of Health of India, Nigeria, as part of our board. Directors of organisations such as the Global Fund, UNITAID, UNAIDS and World Bank are part of our board as well as the donors, technical partners and, obviously, WHO; and our board includes civil society and communities.

So we are the strong voice globally on TB. In terms of priorities for this year and for the coming two years, by the end of 2018, I would unpack them on 3 levels:

1. At the country level, we focus on countries having the highest TB burden that we would like to support for the countries to be ambitious in pushing the agenda forward and to be inclusive in trying to make sure that access to services and drugs, diagnosis and treatment is available for everybody.

2. We ensure that we support countries through some of our products that we have, specifically through drugs, diagnostics that we provide through one of our teams, the Global Drug Facility (GDF). We also provide funding for different NGOs and TB programs, AIDS programs, faith based organisations, and community patients, through different mechanisms that we have and through TB REACH.
3. The third piece, which is closest to our mandate, is in pushing forward the TB agenda globally towards ending it. We all hope we will end it by 2030, according to the SDG'S agenda being pushed forward through our work in advocacy, communication and engagement of people affected with TB and civil society. Our top priorities in the coming years is basically a successful meeting at the UN level in New York with Heads of State and governments which is being organized for September 2018 and we are working very closely with partners to make sure that the preparation for this meeting is very inclusive and comprehensive.

WAAPH VIP: Your passion towards the work you do is admirable can you share with us what drew you to tuberculosis and what is your motivation?

Dr. Lucica Ditiu: I started as a clinician in Romania. I finished university as a family doctor, as a primary health care doctor. TB wasn't the first thing I picked. I actually thought I would be a gynaecologist, but soon I realized that was not for me, so I started looking more into more clinical work which did not have anything to do with surgery. I went to study lung diseases and I became a specialist.

I started work in the biggest Hospital in Romania for TB and lung disease and observed that we had a lot of TB cases and as it was the biggest institute in the country, the most complicated cases were being sent there. At that time in Romania we had people who were hospitalized for two months or three months with TB. I became curious about why they had to stay so long and what was happening with their family in the meantime. We were organising sessions with them to learn more about the disease; then I became much more engaged in TB, and I realized that it is not just in my hospital or in Romania but also globally that there is a lot of neglect towards the people with TB and that there are very few who are keen to speak for them. I started thinking about how I can do something about this and that's how I became hooked on it, and I basically abandoned the clinic work and moved towards Public Health.

TB doesn't capture the attention of the young generation too easily and that's why I am happy to be here.

WAAPH VIP: Having been motivated to fight for people who are affected by TB but are not visible (the marginalized and vulnerable), would you mind sharing the partnership's work with young persons infected with TB?

Dr. Lucica Ditiu: First of all, what we promote as the Stop TB Partnership: Globally, we have a time for the end of TB strategy that goes to the end of 2030 and every five years we develop a plan called the Global Plan in which we say where we should be in the first 5 years and how much it will cost us in order to be able to

end TB by 2030. The Global Plan 2016 - 2020 sets out the needed set of targets for countries to achieve that and in the Plan we have a set of targets that are very similar to the ones on HIV/AIDS, called the 90-90-90 targets.

In the Plan we speak about detecting TB and diagnosing TB and for countries to achieve 90% by putting on treatment 90% of the people with TB. Also by 90%, of those who are put on treatment, 90% should be cured and 90% of the groups that are most vulnerable should have access to TB services by 2020. What we promote is a complete inclusion for everyone affected by TB to be diagnosed and treated. We push for more granularity of data by age group, gender desegregation and the epidemiology of TB. And we also push for engagement in the planning and implementation and monitoring of the programs of communities and civil society. The second thing is that we also have started talking with a few of the students' groups, involving them in communication and advocacy.

We have the TB REACH platform, which provides grants to different NGOs to detect TB cases that usually are otherwise not found. We developed a set of guidance briefs which is very practical for some of the vulnerable groups and we are keen to expand that to include the young people as well.

WAAPH VIP: What strategic measures are in place for providing care for adolescents and young people infected as a major segment of the population?

Dr Lucica Ditiu: There are two aspects to this:

1. The fact is that everyone should be aware of their respective rights in case they are infected and sick with TB. Typically the young generations and young persons are extremely useful in not only knowing about themselves, but in helping to spread the word, engaging the young persons at the level of awareness and to cascade the awareness amongst their peers .
2. The second piece is, as you know, that TB has two forms: the people who are infected with TB and the people who are sick. Those infected with TB is a large percentage of the entire population globally. Basically two billion people in the world are infected with TB.

Young persons are needed strategically at different moments in terms of programs in a country, to be engaged as communicators, as supporters for their peers, but also to be strategically engaged in defining the plans and ensuring that their group is not forgotten. The TB programs in countries develop their interventions in trying to fight TB and to find everyone, but very often these interventions are developed by adults with zero input from young people. There are not enough TB education programs and TB programs that energize the government people to engage and have young people represented in the different programs, which can push not only for the right voice, but the right interventions.

WAAPH VIP: Considering HIV co-infection with TB is a major problem, how has the Partnership been effectively able to work with UNAIDS and Global Fund to curb this problem especially among young people?



Figure 2 The WAAPH Team on Skype call with Dr. Ditiu

Dr. Lucica Ditiu: We work very closely to the Global Fund and we are very strongly related with them. We are part of different groups that work with the Global Fund. We have strong collaboration with UNAIDS. We have a lot of integration and interaction with them.

The TB co-infection represents 11% of all TB, but it represents a huge burden in the African Region where we have a co-infection rate going as high as 60-70%.

We support the countries applying to Global Fund that are doing TB and HIV joint proposals, to try and see the different entry points and where things can be accelerated. It works but it's not easy. Traditionally, these two programs, TB and HIV, were funded vertically and were very vertical. It works at the planning stage very well, but from there, there is a long way to implementation.

WAAPH VIP: Reports reveal that PLWHA are 10 times more likely to die from TB and Adolescents and young people represent a growing share of people living with HIV worldwide. In what ways can Adolescent friendly centres reduce the incidence of TB, prioritize plans and provide counselling, treatment and care services for adolescents infected with TB?

Dr. Lucica Ditiu: I think if there are locations that are adolescent friendly or clubs where adolescents go, it's not that difficult to at least use it to interact and to get

their support and engagement for a few things. One is to start with simply providing a questionnaire to see who has TB, it's a pre-screening, it is a global pre-screening usually; after diagnosis is made there is the counselling.

In TB, there is a lot of support given to treatment because the TB treatment is available and is cheap, but it takes six (6) months. There is a need for support to ensure that people, who are able to take the treatment, finish the treatment and finally get cured, which is extremely important.

So this is the part in terms of the delivery, but what I would say that the young people should do is to really provide inputs into the strategy or the TB program that is being developed. We developed an app to empower communities to really report on any issues that appear in terms of access, services offered and gaps. It was also developed for young and adolescent people to have a way to monitor and report on access

WAAPH VIP: Considering the impact of discrimination on the mental health of adolescent and the stigma that surrounds the illness, what possible measure can be taken to reduce discrimination of young people infected with TB?

Dr. Lucica Ditiu: There are a few things that can help here:

We developed a tool, together with UNAIDS, on gender assessment, which looks at the biggest barriers for women and men accessing the services. It is very important to understand for men and women, and also by their age group, what the barriers are that keep them from accessing the services and to also understand what role stigma plays.

The second is that we are also conducting legal assessments within countries. The next one will take place in Nigeria from 17-22 July 2017. We are trying to understand what is happening in terms of legal platforms related to TB in Nigeria. We are not just doing legal assessments in Nigeria alone. We are also doing this in different countries, which is how we want to go about the legal assessments.

The third thing is that there is a group of partners looking at developing the stigma index that will look for how we can apply this to understand the role and stigma level of TB. That usually takes a lot of time, then a tool is developed, results come and then it needs to be implemented.

Stigma is a major barrier for young people in certain countries. Limited data as regards to discrimination, which also limits the access to funding. To know the measures to be implemented, obviously we must know what is generating the discrimination and what groups are discriminated among the young persons, where there is co-infection with others or vulnerability because of poverty, and trying to see how this can be addressed. We have to ensure that young people are at the table where conversations are taking place about the TB program because it takes time to build evidence. Dialogue with people infected with TB is an initial step to this.

WAAPH VIP: In what ways can youths champion the 5 year Investment plan to accelerate the elimination of TB and reach the targets of the WHO End TB Strategy?

Dr. Lucica Ditiu: There are three sets of targets; the most important is the UN Sustainable Development Goal that seek to end TB by 2030. There are the WHO end TB strategy targets to end TB by 2035 and the set of targets that we have which is by 2020, that is a Global Plan.

Irrespective of the target you look at, all the targets talk about ending TB. The Stop TB Partnership created a network of people affected with TB at regional civil society, community and country level to bring the voices of everyone around the table and to have advocates and champions of TB.

People need to be willing and available, trained and made aware of TB. We can do better in TB by pushing further the young generation of colleagues to be engaged.

WAAPH VIP: What gaps/barriers exist in addressing the impact of TB on adolescents and youth population? How can Low Income countries close in on these gaps?

Dr. Lucica Ditiu: The low income countries have huge gaps and the other sad piece is that their budgets for health are very small, so the budget for TB is sadly small, almost inexistent, especially in low income countries.

TB programs are run with foreign funding, not domestic funding. And the TB programs are very weak and not ambitious, and are not strong enough to make the budget include interventions for all people that are affected by TB by also looking at the needs of the young generation.

First, by realizing that there is a huge burden, but also, opportunities for young persons affected by TB to be part of the programme. There are few or zero requests that have a specific component around young people. There are probably almost none or maybe very few that have their country coordination mechanism have young people around the table to be able to get their needs. It starts with, obviously, an education on both sides, education of the young persons affected by TB to become advocates and communicators to fight for the cause and education of the TB programmes and health authorities on the need to engage the young people with TB. There is a need for such dialogue to start before funding. Currently nobody thinks of including this there.

Moderator

Dr. Ohanyido Francis (the President/Chair of Board of WAAPH)

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