Stop TB Partnership

STOP TB NEWS

January 2011

TOP LINE NEWS

Stop TB Partnership welcomes new Executive Secretary

Dr Lucica Ditiu has been appointed Executive Secretary of the Stop TB Partnership. A native of Romania, Dr Ditiu is a physician and researcher who has devoted her career to improving the lives of people living in communities heavily burdened by tuberculosis (TB).

Dr Ditiu, aged 42, began a career with WHO in January 2000 as a medical officer for TB in Albania, Kosovo and Macedonia within the disaster and preparedness unit of the WHO European Regional Office. In this role she worked with all institutions involved in TB care, including ministers of health and justice. She also directly supported civil society and communities, funding their efforts through a grant from the European Commission for Humanitarian Assistance. In 2006 she was selected to be a medical officer in the TB unit of the European Regional Office in Copenhagen.

In January 2010 Dr Ditiu joined the Stop TB Partnership Secretariat in Geneva to lead the TB REACH initiative, whose goal is to improve access to TB treatment. The programme awards grants of up to US$ 1 million to applicants demonstrating that their organizations can reach poor and vulnerable populations and provide them with TB care.

A 1992 graduate of the University of Medicine and Pharmacy in Bucharest, Dr Ditiu completed specialty training in pulmonology through a joint programme with the Romanian National Institute of Lung Diseases (Marius Nasta). In 1999, she received a certificate in International Public Health from George Washington University in Washington, DC, which she completed as a fellow in epidemiology of lung diseases, TB control and programme management and evaluation. In 2004 she received the National Order of Merit medal for medicine in recognition of her fundraising efforts on behalf of the Romanian TB Control Programme and Ministry Health.

The Partnership's former Executive Secretary, Dr Marcos Espinal, stepped down in August 2010 and moved on to the position of Director of Health Surveillance, Disease Prevention and Control at the WHO Regional Office for the Americas/Pan American Health Organization.

Link to a photograph of Dr Ditiu

Global Plan to Stop TB 2011–2015 launched, hailed as "an urgently needed blueprint"

In October, on the eve of the Stop TB Partnership's Coordinating Board meeting in Johannesburg, the Partnership launched the *Global Plan to Stop TB 2011–2015: Transforming the Fight—Towards Elimination of Tuberculosis*, which updates the *Global Plan to Stop TB 2006-2015* and sets new and more ambitious targets. The new plan identifies all the research gaps that need to be filled to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. It also shows public health programmes how to drive universal access to TB care, including how to modernize diagnostic laboratories and adopt revolutionary TB tests that have recently become available.

The new Global Plan sets out to provide diagnosis and treatment approaches recommended by the World Health Organization (WHO) for 32 million people over the next five years. "The Global Plan to

Stop TB provides an urgently needed blueprint to cut global TB deaths by half," said Dr Aaron Motsoaledi, Minister of Health of South Africa. "In South Africa we have embarked on an ambitious agenda for reducing the toll of TB on our people, and we are committed to meeting the Global Plan's targets. We call on world leaders to invest in the plan, which can help move us towards ridding the world of TB."

In addition to helping public health programmes adopt existing modern diagnostic tests, the Global Plan sets a research agenda aimed at engendering two new "while-you-wait" rapid tests that trained staff at even the most basic health outposts can use to diagnose TB accurately. By 2015, the aim is for three new drug regimens—one for drug-sensitive TB and two for drug-resistant TB—to be going through Phase III clinical trials, the final step before drugs are released to market. Four vaccine candidates should be at the same stage of testing.

The Global Plan provides a clear roadmap for addressing drug-resistant TB, calling for 7 million people to be tested for multidrug-resistant TB (MDR-TB) and 1 million confirmed cases treated according to international standards over the next five years.

Half a million people die each year from HIV-associated TB. Provided the plan's targets are met, by the end of 2015, all TB patients will be tested for HIV and, if the test is positive, receive anti-retroviral drugs and other appropriate HIV care. In HIV treatment settings, all patients will be screened for TB and receive appropriate preventive therapy or treatment as needed.

On financing, the Global Plan calls for US$ 37 billion for implementation of TB care between 2011 and 2015. A funding gap of about US$ 14 billion—approximately US$ 2.8 billion per year—will remain, and needs to be filled by international donors.

The plan includes a separate calculation of the funding required to meet targets for research and development: a total of US$ 10 billion, or US$ 2 billion per year. High-income countries and those with growing economies will need to increase their investment in research and development to fill an estimated gap of about US$ 7 billion, or US$1.4 billion per year.

Download the Global Plan to Stop TB 2011-2015

Download the factsheet

NEWS

Stop TB Coordinating Board meets in Johannesburg

"We are the first to acknowledge that we have a huge TB problem, said Dr Aaron Motsoaledi, Minister of Health of South Africa, at the opening session of the 19th Stop TB Partnership Coordinating Board meeting on 14 October in Johannesburg. He added that his country's response had to be "of sufficient magnitude in order to be equal to the big problem at hand." Having fully recognized the scale of the problem the Minister added, South Africa has embarked on an ambitious programme to confront the disease.

The HIV Counselling and Testing Campaign, launched earlier this year, plans to counsel and test 15 million South Africans. Some 600 000 eligible people living with HIV will receive INH preventive treatment. A million people have already been tested for TB and two million for HIV.

Echoing the *Global Plan to Stop TB 2011–2015*, which had been launched the previous day, the Minister cautioned that without dramatic increases in funding and political commitment, "more people will develop active TB, more lives will be lost, more children will become orphans and there will be more cases of drug-resistant forms of TB." Dr Rifat Atun, Chair of the Stop TB Partnership Coordinating Board, praised South Africa for its bold new initiatives and leadership.

At a landmark session featuring progress, challenges and opportunities relevant to TB Control in Lesotho, South Africa and Lesotho, those countries' health ministers (Dr Mphu Ramatlapeng, Dr Motsoaledi and Mr Benedict Xaba) stressed the need for regional and cross-country harmonization, particularly to promote continuity of care. Noting the high level of TB transmission in many workplaces, especially mines, they called for improved regulation and provision of incentives as well as a new focus on taking up novel technical solutions, such as the new quick TB tests and mobile technology.

"It is clear that in Southern Africa and indeed in many regions of the world TB is not only a national problem, but a regional problem that also requires regional solutions. TB is an issue of global health security. We must embark now on the road to a world where TB is eliminated," said Dr Atun.

Regional bodies like SADC were identified as critical for strengthening the regional response, given the heavy burden of TB on its members. The private sector was also identified as a key player in the response. The three African ministers unanimously voiced their deep concern about the impact of the mining industry and agreed that cross-country aspects that are not being adequately addressed.

Other items on the agenda included a discussion on the response to TB/HIV, at which it was agreed that a work plan related to the Memorandum of Understanding between the Stop TB Partnership and UNAIDS will be finalized in November; and a review of the recent efforts on scaling up MDR-TB diagnosis and treatment. In another landmark session, the Board strongly endorsed the development of more ambitious goals, advocacy, and communication in order to reinvigorate global attention to TB. The Board also agreed to enhance their strategic engagement with the Global Fund in light of its critical importance of as a donor and the context of the current financial environment.

Other items under consideration by the Board included: the Global Drug's Facility's action plan, a special session on civil society engagement, a special session on vaccines, a report on TB REACH, the *Global Tuberculosis Control 2010* report and an update on the WHO Global Task Force on TB Impact Measurement.

Download the speech by Dr Aaron Motsoaledi, Minister of Health of South Africa

WHO issues *Global Tuberculosis Control 2010*

In November, WHO issued its most comprehensive report ever on the progress being made in combating the TB epidemic. The *Global Tuberculosis Control 2010* report contains the very latest data, and for the first time also includes online profiles from 212 countries and territories.

"The findings in the *Global Tuberculosis Control 2010* publication confirm that when WHO's best practices are put in place, and with the right amount of funding and commitments from governments, we can turn the tide on the TB epidemic," said Dr Mario Raviglione, Director of the WHO Stop TB Department. "Since 1995, we have seen considerable improvements in the quality of TB care, and these improvements are having a positive impact in some of the world's poorest countries. Since 1995, 41 million people have been cured and 6 million lives have been saved. These are major successes that have been achieved largely without any 'magic bullet'.

"However, with 1.7 million people dying from tuberculosis last year—including 380 000 women, many of whom were young mothers—these successes are far too fragile. No government is doing too much in TB. Commitments are being short-changed. If governments are genuinely committed to stopping TB, they must seize all the opportunities that are available right now and all the opportunities that may come in the near future."

Global Tuberculosis Control 2010 highlights successes including a 35% drop in the TB death rate since 1990, a slow decline in the incidence of TB, and major progress in improving access to diagnosis and treatment, scaling up TB/HIV interventions, and strengthening laboratories. It also reports that the world is on track to reach the Millennium Development Goal for TB incidence and the Stop TB Partnership 2015 target for mortality.

The report also describes major challenges, including TB deaths (1.7 million in 2009), the slow rate of decline of TB incidence—at the current rate of decline, TB will not be eliminated in our lifetime—and an insufficient response to MDR-TB.

WHO endorses new rapid TB test

In December, WHO endorsed a new and novel rapid test for TB, especially relevant in countries most affected by the disease. The test could revolutionize TB care and control by providing an accurate diagnosis for many patients in about 100 minutes, compared to current tests that can take up to three months to yield results.

WHO's endorsement of the rapid test, which is a fully automated nucleic acid amplification test (NAAT) follows 18 months of rigorous assessment of its field effectiveness in the early diagnosis of TB, as well as MDR-TB and TB complicated by HIV infection, which are more difficult to diagnose.

Speaking at a press conference in Geneva, Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB, called the test and its endorsement by WHO a major breakthrough. "We must move towards zero TB deaths, and reaching that goal must start with diagnosis. This new test can facilitate our efforts to eliminate TB," he said.

Evidence to date indicates that implementation of this test could result in a fourfold increase in the diagnosis of patients with drug-resistant TB and a doubling in the number of HIV-associated TB cases diagnosed in areas with high rates of TB and HIV.

Many countries still rely principally on sputum smear microscopy, a diagnostic method that was developed over a century ago. But this new "while you wait" test incorporates modern DNA technology that can be used outside of conventional laboratories. It also benefits from being fully automated and therefore easy and safe to use.

WHO is now calling for the fully automated NAAT to be rolled out under clearly defined conditions and as part of national plans for TB and MDR-TB care and control. Policy and operational guidance are also being issued based on findings from a series of expert reviews and a global consultation. The consultation was attended by more than a hundred representatives from national programmes, development aid agencies and international partners.

Affordability has been a key concern in the assessment process. Co-developer FIND (the Foundation for Innovative and New Diagnostics) has announced that it has negotiated with the manufacturer, Cepheid, a 75% reduction in the price for countries most affected by TB, compared to the current market price. Preferential pricing will be granted to 116 low- and middle-income countries where TB is endemic, with additional reduction in price once there is significant volume of demand.

WHO is also releasing recommendations and guidance for countries to incorporate this test in their programmes. This includes testing protocols (or algorithms) to optimize the use and benefits of the new technology in those persons where it is needed most.

Global Drug Facility releases roadmap for scale-up of MDR-TB treatment

In November the Stop TB Partnership's Global Drug Facility (GDF) released a white paper setting forth its plans to facilitate scaled up access to MDR-TB treatment. The "Roadmap for MDR-TB Scale-up: Increasing Access to MDR-TB Drugs through Innovation and Action" outlines progress GDF has made to date, identifies what is still needed and where high-level advocacy could assist GDF to further scale up its activities.

GDF has nearly tripled the number of countries to which it supplies quality-assured MDR-TB medicines over the past three years—reaching 54 countries in 2010, up from 19 in 2007. GDF will continue to ensure that future demand for drugs is met and a sustainable market is created.

GDF is engaging in key innovative approaches to render the market more attractive to suppliers, including a tiered market allocation system, improved forecasting, a rotating stockpile and an advanced financing mechanism.

Download the roadmap

Challenge raises funds for TB non-profits

GlobalGiving, the world's largest online fundraising campaign, launched a new challenge in November to raise funds for non-profit organizations around the globe to fight TB.

Made possible through the support of the Lilly MDR-TB Partnership, the 2010 Lilly TB Challenge introduced website visitors to thoroughly-screened organizations from across the globe, allowing them to make a donation to the organization of their choice. Throughout November, for each US$ 1000 raised for each organization, Lilly provided a match of US$ 1000, to a maximum of US$ 20 000.

By the end of December, the challenge had raised US$ 65 466.

GDF works to mitigate temporary shortage of quality-assured streptomycin

In November, the Stop TB Partnership warned of an anticipated temporary shortage of quality-assured streptomycin, related to quality issues of the Active Pharmaceutical Ingredient source used by one of the main streptomycin suppliers of the Partnership's Global Drug Facility (GDF). Additionally, more stringent quality assurance policies adopted by major donors and technical agencies made it difficult for GDF to secure, in the short term, sufficient quantities of streptomycin meeting the new criteria.

Countries were advised to consider different temporary solutions, including shifting existing in-country stock of streptomycin between treatment centres to cover basic needs and purchasing streptomycin from other sources while adhering to quality assurance criteria.

Since then, GDF has been able to identify manufacturers producing streptomycin in accordance with its quality assurance policy, although the production capacity of these producers is limited to covering national needs only; and production prices are high.

GDF will begin delivering streptomycin in the first quarter of 2011, in limited supply until at least mid-2011. The allocation of these stocks to existing GDF orders will be prioritized by the date an order was received and countries' stock levels, but multiple shipments may be needed to fulfil an order to completion. New orders placed for quality-assured streptomycin through GDF remain subject to substantial lead times, with delivery unlikely before end-2011.

In parallel, GDF is working with industry in countries including China, India and South Africa and with WHO experts on quality and safety of medicines to facilitate the inspections and product assessments necessary for alternative manufacturers to become eligible for supply by GDF.

GDF will remain in contact with countries to collect information on their stock levels and inform them of the status of their streptomycin orders.
Read the original announcement
Current WHO treatment recommendations should be strictly adhered to. The latest WHO guidelines emphasize the following:

Specimens for culture and drug susceptibility testing (DST) should be obtained from all previously treated TB patients at or before start of treatment. In settings where rapid molecular-based DST is available, the results should guide the choice of regimen-- i.e.; those patients detected as having MDR-TB should be placed on an MDR-TB regimen.*

In settings in which conventional culture and DST are available (i.e. where DST results may be reported only after 2-3 months)--or if they are not available--an empiric MDR regimen should be administered to patient groups with a high likelihood of MDR-TB, such as patients in whom an initial first-line treatment has failed.*

In patient groups with medium or low likelihood of MDR, and in those who have demonstrated drug susceptibility--as a temporary measure until the shortage of quality assured Streptomycin is resolved--a regimen of 3HREZ/5HRE could be considered. This treatment should be given daily and under direct observation, preferably for the whole duration of treatment, but at a minimum for the intensive phase of treatment.

GDF will make every effort to respond to shortages and impending stock outs and will allocate Streptomycin to those countries in greatest need. GDF will maintain regular contact with countries to get updates on stock levels and consumption data.

*World Health Organization (WHO). Treatment of Tuberculosis Guidelines. Fourth Edition. WHO/HTM/TB/2009.420 Geneva, Switzerland: WHO, 2010, pages 38-41. Document available here.

NEWS ON AWARDS AND GRANTS

TB REACH: Call for proposals for second wave of funding

On 1 December 2010 the Stop TB Partnership's TB REACH initiative—a fast-track funding mechanism that focuses on reaching people who have limited or no access to TB services—put forth a call for proposals for the second wave of funding. The application deadline is 28 February.

This second call for TB REACH proposals offers an opportunity for national TB programmes, governmental and nongovernmental organizations, Stop TB partners and civil society organizations to develop ground-breaking, innovative approaches and techniques and obtain the necessary funding to put them into action. Successful applicants must demonstrate that their projects can reach people from the poorest and society's most vulnerable groups: the people who are not currently accessing accurate TB diagnosis and treatment.

Applicants are required to submit their proposals using a standardized application form available on the TB REACH website, which also features a list of eligible countries and all necessary guidelines and eligibility requirements.

Applications will be reviewed by an independent group of experts—the Proposal Review Committee—during March 2011. All proposals recommended for funding will be presented for approval at the next Stop TB Coordinating Board Meeting; the final results of the review are likely to be made available to all applicants by May.

Under the first wave of TB REACH funding, which was announced in January 2010, 30 NGO and governmental projects were started in 19 countries.

Stop TB Partnership and Kochon Foundation announce recipient of 2010 award for distinguished achievements in combating tuberculosis

Dr Armand Van Deun—an international leader in improving laboratory testing for TB—is the recipient of the 2010 Kochon Prize, which recognizes persons, institutions or organizations that have made a highly significant contribution to combating TB. His selection was announced in Berlin on 12 November at the opening ceremony of the 41st Union World Conference on Lung Health. Dr Van Deun will receive the Kochon Medal and an award of US$ 65 000.

Dr Van Deun's efforts have had an impact on the quality of work performed by laboratory technologists around the world, resulting in untold thousands of lives saved through diagnosis of TB followed by effective treatment.

A native of Belgium, Dr Van Deun earned his medical degree at the Katholieke Universiteit Leuven in 1978 and later completed specialty training in laboratory medicine at the same institution. After more than 14 years spent working in TB and leprosy control in Tanzania, Rwanda, and Bangladesh, Dr Van Deun joined the Institute of Tropical Medicine in Antwerp, where he has worked since 1999. Since 2001 he also has consulted on behalf of the Union.

Read the press release

Award for Excellence in Reporting on Tuberculosis / Images to Stop TB Award: Winners announced

The Stop TB Partnership announced the winners of its journalism and photography awards—both supported by the Lilly MDR-TB Partnership—on 11 November in Berlin.

Award for Excellence in Reporting on Tuberculosis

The Award for Excellence in Reporting on Tuberculosis recognizes outstanding reporting and commentary in print and on the web that materially increases the public's knowledge and understanding of TB and MDR-TB in countries affected by the disease. The first prize winner in the low- and middle-income category, who will receive an award of US$ 3000, is Lungi Langa of South Africa. Her article, "I didn't think I'd have TB" [.pdf], published in the *Daily News*, recounts the writer's personal saga of confronting the disease. Anna Biernat of Poland takes second prize for her article "Zpamietnika suchotnika" ("The diary of a consumptive") [.pdf], another personal account of battling TB that was published in *Polityka*, a weekly news magazine. Ms Biernat will receive US$ 2000. The third place winner, who will receive a US$ 1000 award, is Sabina Aliyeva of Azerbaijan. Her article, «Палочка Коха, уносящая жизни» ("Koch bacillus takes lives") [.pdf] was published in the *Каспий* newspaper and recounts the life of the widow of a man who died of MDR-TB.

Two journalists tied for the first prize in the high-income category and will each receive US$ 2500 in prize money (an equal share of the first and second prizes combined). Andrew Jack's "Diagnosis: Hope" [.pdf], published in the *Financial Times* (United Kingdom), points to the troubling lack of funding for TB research. Jen Skerrit's six-part series, "The Forgotten Disease" [.pdf] published in the

Winnipeg Free Press, draws attention to the ever-present toll of TB in Canada's most isolated rural communities. Jenna Sloan and Kate Wighton of the United Kingdom will share the third prize of US$ 1000 for their article "Singer joins campaign to wipe out TB across the globe" [.pdf], which appeared in *The Sun* and chronicles the travels in South Africa of Craig David, Goodwill Ambassador against TB.

Images to Stop Tuberculosis Award

The Images to Stop Tuberculosis Award seeks to obtain outstanding photos depicting TB prevention and treatment and community activity in order to raise awareness of TB.

The winner of the 2010 award is the Moldovan/American photographer Misha Friedman. His portfolio, which depicts the stigma and hardships faced by people with MDR- and XDR-TB in Central Asia, was selected by an international jury from among 33 entries. He will receive a grant of US$5000 to produce a photo essay on TB and US$5000 in prize money.

New BioVision Lilly Award will honour young scientists' achievements

BioVision and TWAS—the academy of sciences for the developing world—have, with the support of the Lilly MDR-TB Partnership, established the BioVision Lilly Award to honour outstanding scientific achievements made by individual young scientists from developing countries.

The prize will reward three young scientists who live and work in a developing country, who have a track record of excellent research in infectious diseases (preferably with an emphasis on TB), and whose research promises to have a positive impact in the developing world.

Candidates should be nationals of a developing country, under 40 years of age and hold at least a PhD degree with an outstanding academic background.

Three winners will be selected and invited to attend BioVision 2011 in Lyon, France in March; the winner and the first runner up will each receive funding for their research.

TB PEOPLE

New Editors-in-Chief for International Journal of Tuberculosis and Lung Disease

A new team of editors-in-chief took over the lead of the monthly *International Journal of Tuberculosis and Lung Disease* (IJTLD) on 1 January: Dr Wing-Wai Yew of Hong Kong, China and Dr Martien Borgdorff of the Netherlands will share responsibility for tuberculosis-related articles, and Prof Donald A. Enarson of Canada will handle lung health-related articles.

The change marks the end of the eight-year tenure of Professor Nulda Beyers of South Africa and Professor Moira Chan-Yeung of Hong Kong.

All issues of the IJTLD, except for the most recent six months, are now available online, free of charge, and certain key articles and editorials are made available immediately.

Subscription to the IJTLD is one of the benefits of Union membership, which costs as little as €20 per year. To join The Union, please go to www.theunion.org.

COUNTRY NEWS

STOP TB national partnership launched in the Republic of Korea

The Stop TB Partnership Korea (STBK) was launched on 13 December, kicking off with the 1st Stop TB Partnership Korea committee plenary meeting, held in the National Assembly Hall. Committee members discussed the direction of the national partnership and pledged their active participation in its campaigns.

The STBK plans an ongoing campaign to raise awareness of TB and of the importance of preventing and eventually eradicating the disease. It also aims to solidify international partnerships and increase participation in the global Stop TB Partnership.

Partners declare commitment to stopping TB and improving women's health in Afghanistan

TB is the leading cause of death due to communicable disease among women in Afghanistan, affecting them in their most productive years. Maternal health and TB are linked not only as socioeconomic challenges, but also by the fact that high rates of genital TB are causing infertility among Afghan women.

The Afghanistan Partners' Forum, held in Berlin in November in on the sidelines of the Union World Conference, brought together a wide group of partners to discuss women's health in Afghanistan. The partners signed a "Berlin Declaration to stop tuberculosis and improve women's health in Afghanistan", which declares closer cooperation on women's health and stopping TB, and commits all signatories to increasing advocacy, awareness raising and community mobilization, resource mobilization, patient support, and health systems strengthening related to women's health and TB.

In December, the Afghanistan Stop TB Partnership and the Afghan Society of Obstetricians and Gynecologists issued a memorandum of understanding—signed by both associations as well as the Ministry of Public Health—declaring their intention to work together towards the common goal of reducing suffering among Afghan mothers and women by working together on maternal health and TB care services and promoting the cause through collaborative efforts in advocacy, community mobilization and awareness raising, and resource mobilization.

Policy options for TB control and prevention in Dubai

Responding to the upward trend of TB cases in Dubai, United Arab Emirates (the number of cases is doubling every 4 years), an intensive stakeholder consultation and associated workshop were held to discuss a coordinated multisectoral approach to tackling TB as a priority public health problem in the Emirate.

Participants addressed the need for a supportive legal and policy framework, and identified policy options that were then developed by Dubai's Public Health and Safety Department into the following specific recommendations:

At-home screening for incoming work force: Nationals of countries with a high burden of pulmonary TB seeking residence in Dubai should be screened prior to their arrival in Dubai, thus preventing some active TB cases from entering the Emirate and reducing the risks of transmission during air travel, of local transmission and of importing drug-resistant strains. The policy will eliminate the cost incurred by the government in managing discovered TB cases among expatriate workers, while benefiting employers and sparing TB-infected individuals from repatriation on arrival.

Improved reporting: A unified TB recording and reporting policy across the health sector in Dubai would foster completeness and accuracy of data, allowing measuring of progress and identification of weaknesses.

Private hospital involvement in TB case management: Licensing selected private hospitals in Dubai as accredited TB treatment facilities would improve the relationship between the public and private sectors and alleviate the burden on public sector facilities. This will help improve access to the required services and eliminate delays, thus resulting in early detection and treatment and reducing community transmission.

Non-repatriation of people with active pulmonary TB: Expatriates residing in Dubai who are diagnosed with TB would be treated, and not subject to deportation. Eliminating the fear of deportation would encourage people with suspected TB to seek medical treatment rapidly, and motivate contacts of TB patients to seek screening.

The policies are at different stages of adoption and implementation; the "at-home screening" policy has been adopted at the federal level and is expected to be implemented in the first half of 2011.

Mobile teams to detect TB in Mozambican communities

Just over a year ago, Doctors with Africa/CUAMM—Italy's first healthcare NGO and the largest Italian body working to improve health in Africa—launched a community TB project in the districts of Moma and Mogovolas in Mozambique's Nampula Province.

The project, which was implemented in collaboration with the local authorities and supported by Family Health International and UNICEF, aimed to improve case detection in the two districts, which faced major problems stemming from the distance between villages and the medical units, the lack of laboratories and the lack of laboratory technicians.

Doctors with Africa/CUAMM was asked by the District Health Directorate to create mobile teams of laboratory technicians. These technicians travel fully equipped to the most remote villages, where they meet trained volunteers who have collected sputum samples earlier in the day, as well as people with suspected TB symptoms (who are also tested for HIV).

The 112 volunteers have been trained to sensitize their communities about the symptoms of tuberculosis, methods of prevention, and treatment, and have been taught to identify suspected cases and contacts and to support the patients during treatment.

Over the past year, the mobile laboratories have had a major impact on case detection rates, and local authorities have committed to pursuing the programme in 2011, extending it to other districts.

Increasing awareness to Stop TB in Tuvalu

Tuvalu, an island nation in the Pacific Ocean, has a population of roughly 11 000. Eight TB centres, each staffed by two nurses and one nurses' aide, provide DOTS and identify cases for referral to the main hospital on Funafuti Island, the most populous of Tuvalu's nine islands and atolls.

Tuvalu's TB Coordinator reports that in 2005–2010, the early detection rate was 15%, and the treatment success rate was 80%. Over this period, various outreach programmes have targeted specific audiences, focusing initially on households on Funafuti—the most populous island—and then on the outer islands, resulting in improved understanding of the disease and how to prevent its transmission.

Fighting TB through education in Somalia

The Formal Education Network for Private Schools (FENPS) is an education umbrella registered in Somalia that seeks to improve educational opportunities for Somalia's children (through schools) and adults (through vocational education), while promoting the right to education and equal access to education for all.

Having carried out surveys showing that the vast majority of Somalis have little or no awareness about TB despite Somalia's very high TB mortality rate, FENPS organized a TB prevention campaign in some schools in Mogadishu during the last quarter of 2010. This project reached about 2300 students and 180 teachers and other personnel, using lectures by health experts, short workshops, posters, awards, songs and marathons to raise awareness of TB and educate participants about how to prevent transmission. FENPS estimates that about 3000 people were reached indirectly by the campaign.

Young people acting together to tackle TB in Malawi

Tipindule Community Youth Organization (TICOYO), founded in 2005, is a youth-led organization active in the fight against TB in Malawi, where rural communities, health centres and nongovernmental organizations play a vital role in preventing the spread of TB.

TICOYO, which is mainly active in the Zomba district, aims to reduce TB and HIV prevalence by promoting community empowerment and increasing awareness in order to foster positive behaviour change for better health. The organization addresses issues including sexual and reproductive health, human rights (including health rights), and hygiene and sanitation.

TICOYO has received several grants for its work, including a four-year grant from the Staying Alive Foundation for a project to increase awareness among up to 12 000 people about HIV/AIDS and

substance abuse. Given the links between TB and HIV, the organization hopes to gain additional funding to expand its TB activities to run concurrently with its HIV-related work. It plans to build capacity and knowledge on TB through health education for all and orientations for community leaders, and to train and support community volunteers to help with case detection and counselling.

"As young people we are happy to see parents and fellow youth strong and helping in the development of the nation. Therefore we have no time to spare or to waste on unproductive activities as a mere young person might be doing. We want to fight until TB disappears," said a TICOYO representative.

Launch of comic on TB vaccine research

In October, the South African TB Vaccine Initiative (SATVI) launched the world's first comic on TB vaccine research. The multi-language comic, made possible through funding support from the Stop TB Partnership, was developed in consultation with local stakeholders to ensure that it resonates with the community.

RECENT EVENTS

Experience the Union World Conference in Berlin online

Many sessions from the 41st Union World Conference on Lung Health are available as webcasts on the conference website at www.worldlunghealth.org. The conference, which was held on 11–15 November 2010 in Berlin, Germany, focused on the theme "TB, HIV and lung health: from research and innovation to solutions".

The webcasts offer an opportunity for delegates and others to review and absorb the conference sessions at their leisure. From the Inaugural Lecture to the daily plenary sessions, interested people can hear the speakers and see the presentations.

The site also offers a variety of slide shows and short videos, as well as complete details about the conference programme.

The 42nd Union World Conference on Lung Health will be held in Lille, France on 26-30 October 2011.

WHO launches new guidelines for TB prevention among people living with HIV

In December WHO launched new *Guidelines for intensified tuberculosis case finding and isoniazid preventive therapy for people living with HIV in resource constrained settings*. The guidelines recommend that adults and adolescents who are living with HIV and are unlikely to have active TB should receive at least 6 months of preventive treatment (IPT), which is recommended for those who are eligible irrespective of degree of immune suppression. IPT is recommended as well for people on ART, those who have been previously treated for TB and pregnant women.

The document provides an evidence-based simplified TB screening algorithm that assesses current cough, fever, night sweats and weight loss to identify those eligible for either IPT or further diagnostic work-up for TB or other diseases. It stresses that neither chest radiography nor tuberculin skin testing are required to determine eligibility.

WHO now recommends that for people living with HIV, IPT and intensified case finding should be part of a comprehensive TB prevention package that includes early ART for those with a CD4 count <350 and all TB patients plus TB infection control. The new guidelines report scientific evidence that IPT does not increase the risk of developing INH-resistant TB among people living with HIV.

In conjunction with the launch, the AIDS and Rights Alliance for Southern Africa (ARASA) hosted a workshop on WHO's Three I's for HIV/TB package (IPT, infection control for TB and intensified case finding). The event, organized in Johannesburg in collaboration with WHO and selected civil society organizations from seven southern African countries, sought to develop strategic advocacy and communication tools to accelerate implementation of the Three I's for HIV/TB. ARASA is currently leading on finalization of the toolkit in collaboration with WHO and will pilot it early this year. WHO will support national AIDS and TB programmes as they scale up the Three I's for HIV/TB.

RECENT PUBLICATIONS/MULTIMEDIA/WEB

New report highlights urgent need to ensure access to simple, quality-assured TB medicines

A report released in November by a consortium of leading international TB organizations, including the Stop TB Partnership, highlights a major issue that is stalling progress: many TB patients worldwide are still not getting simple, quality-assured first-line medicines—raising the threat of drug resistance and heightening the risk of an untreatable epidemic.

Entitled *Falling Short: Ensuring Access to Simple, Safe and Effective First-Line Medicines for Tuberculosis*, the report demonstrates that TB patients around the world are too often given poor quality medicines or complicated, non-user friendly treatment formulations that consist of up to 16 pills at a time. Additionally, they may be unable to take their medicines as prescribed because of drug stock-outs. Without the appropriate medicine at the right time, patients risk stopping treatment, spreading the disease to others, developing drug resistance or even death.

Quality-assured fixed-dose combination drugs (FDCs) are considered the international "gold standard" for TB treatment and are extremely effective when prescribed and administered correctly. At just US$ 20–US$ 26 for a full six-month regimen, they are also affordable—even in developing countries where the TB burden is greatest. The drugs for treating drug resistant TB can cost between US$ 2000 and US$ 9000 per patient and must be taken for up to two years.

The report describes a number of reasons that patients are not currently getting the first-line drugs they need, whether from private sector health providers or public sector ones. In the private sector they may be given single-drug treatments consisting of as many as 16 loose pills at a time as opposed to FDCs, which consist of only three or four. Numerous loose pills make treatment more burdensome for patients and may increase the risk that they will take incomplete treatments and not be completely cured.

Quality assurance is also a serious problem in many places. In the private sector the quality of TB medicines is largely unknown. In the public sector some countries spend large portions of their procurement budgets on TB medicines that are not required to meet standards of quality assurance equivalent to those recommended by WHO. Even when countries do provide quality-assured FDCs, they may experience stock-outs that leave patients without access to any medicine at all. All of these challenges place patients at risk of ineffective treatment, drug resistance or death.

There are signs of progress, however. A handful of emerging economies with high TB burdens, including China and Brazil, are already leading the drive to improve basic TB treatment. Their national TB programmes have made new commitments and pioneered new approaches to ensure that every patient has access to quality-assured FDCs. The Global Drug Facility is also taking steps forward by launching a Rapid Response Facility, which will address some of the key drivers of stock-outs.

Download the report

Revised WHO guidelines for treatment of TB in children

WHO first published guidance for national tuberculosis control programmes in 2006; since then, new evidence has become available concerning the correct dosages of medicines for the treatment of tuberculosis in children.

A revised guideline, *RAPID ADVICE: Treatment of tuberculosis in children*, establishes standards for high-quality treatment of tuberculosis in children by providing evidence-based recommendations while considering risks and benefits, acceptability, feasibility, cost and financial implications.

Download the document

The blue flask: a key feature of the TB epidemic in years gone by

Released in December, *Blue Henry: The Almost Forgotten Story of the Blue Glass Sputum Flask*, by Ivo Haanstra, tells the story of Dr Peter Dettweiler's development of a blue pocket flask for use by TB

patients. Widely adopted by patients as a spittoon, the flask became a major tool in the fight against the deadly pandemic of the 19th and early 20th centuries.

Blue Henry also details the rise of the sanatorium movement and other measures taken to prevent the spread of disease.

UPCOMING COURSES/WORKSHOPS

Upcoming Courses from the Union

Management, Finance and Logistics, 14–26 February 2011, Bangkok

In this two-week course, participants will learn the basics of managing a national health programme with emphasis on building financial comprehension, developing fundamental budgeting skills, and facilitating successful multi-party negotiation. In addition, participants will learn to enhance coordination through supply-chain and effective logistics management, and to develop innovative ways to manage workloads.

Mass Media and Communications, 21–25 March 2011, Singapore

Demonstrating how effective communications strategies can help promote TB programmes, this course will teach participants to create powerful health education messages, write professional press releases, reach out to the media to promote health topics, and increase their advocacy abilities for community mobilization.

Influencing, Networking and Collaboration, 25–30 April 2011, Singapore

Creating partnerships and networks is an important element of a TB programme. Participants in this course will learn how relationship building and developing strong partnerships can boost health TB programme results. Key topics addressed include creating empowered teams, facilitating large stakeholders' meetings and managing conflict, negotiating and partnering with stakeholders within TB programmes, and building consensus among large and diverse groups.

For more information or to register for any of the above courses, visit www.union-imdp.org or e-mail imdp@theunion.org.

EVENTS CALENDAR

January 2011

17–25 Jan.	WHO Executive Board Meeting	Geneva	Info

February 2011

24–26 Feb.	15th Union North America Region Conference	Vancouver	Info

March 2011

3–5 March	18th Union Africa Region Conference	Abuja	Info
16–18 March	International Childhood TB meeting	Stockholm	Info
21–22 March	Symposium: "Children's TB– How to overcome a growing problem"	Berlin	Info
24 March	World TB Day	Worldwide	Info

27–29 March	BIOVISION 2011–The world life sciences forum	Lyon	Info
31 March–1 April	Stop TB Coordinating Board Meeting	Washington, DC	Info

April 2011

7 April	World Health Day	Worldwide	Info

May 2011

16–24 May	64th World Health Assembly	Geneva	Info

June 2011

20–22 June	11th STAG-TB meeting	Geneva	Info

July 2011

8–11 July	3rd Union Asia-Pacific Region Conference	Hong Kong	Info
17–20 July	6th IAS Conference on HIV Pathogenesis, Treatment and Prevention	Rome	Info

October 2011

26–30 Oct.	42nd Union World Conference on Lung Health	Lille, France	Info