

# Tackling drivers and determinants of TB: Is there a role for this Working Group?



Meeting of the Working Group on  
Advocacy, Communication and  
Social Mobilization,  
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Africa

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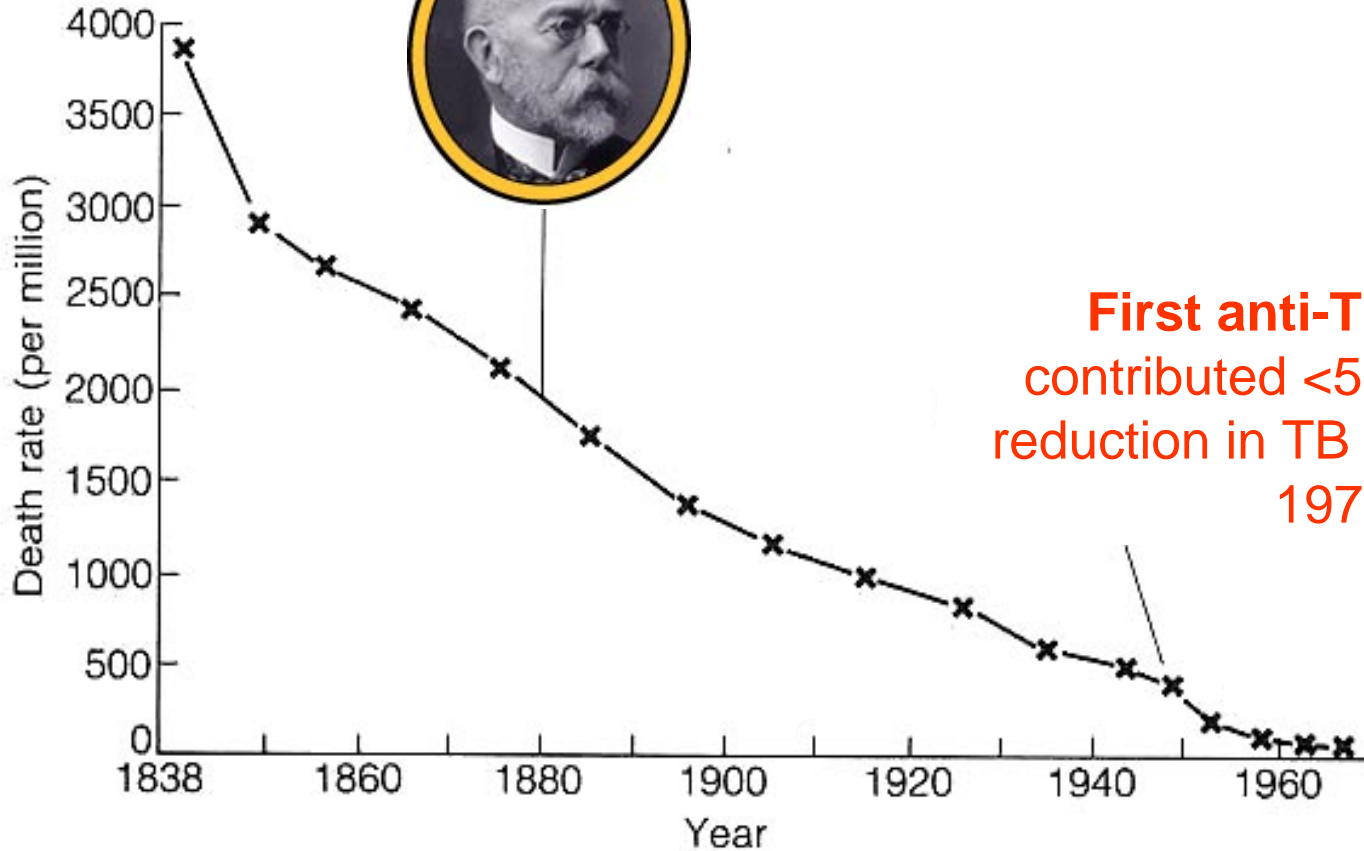
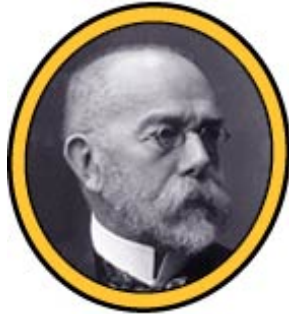
# Background

- "DOTS" developed and promoted as a 5-element strategy in the early 1990s.
- Challenges not fully addressed by DOTS
- Therefore, need to widen and enhance DOTS engaging in health systems strengthening, non-state sector, *community involvement, reaching the poor*, addressing HIV and MDR-TB
- Stop TB Strategy and its health system-sensitive approach
- Commission on Social Determinants of Health

It is emerging, however, in several settings where national programmes are performing very well, that the expected impact is less than what it could be achieved

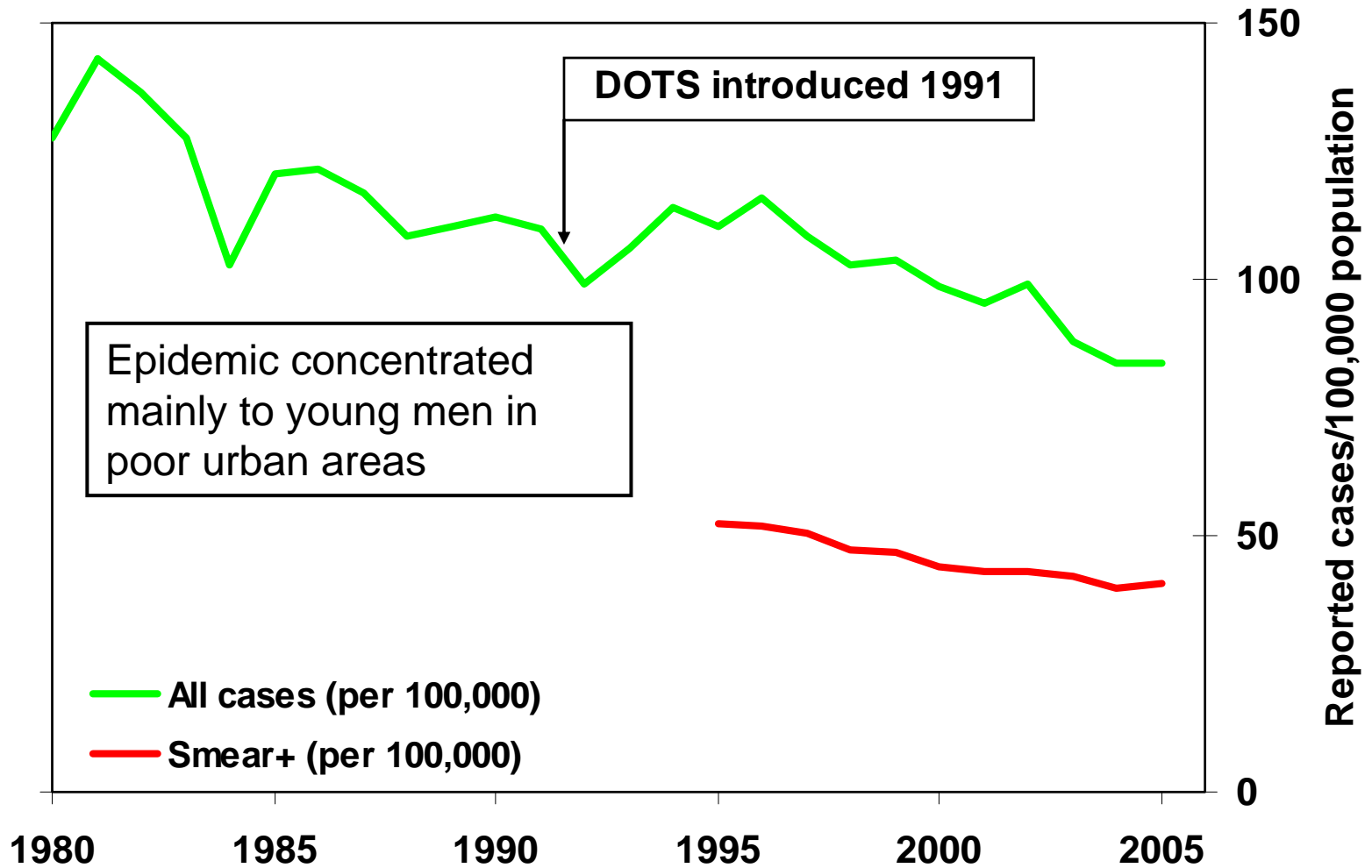
# TB decline in England and Wales

*M. tuberculosis*  
discovered in 1882



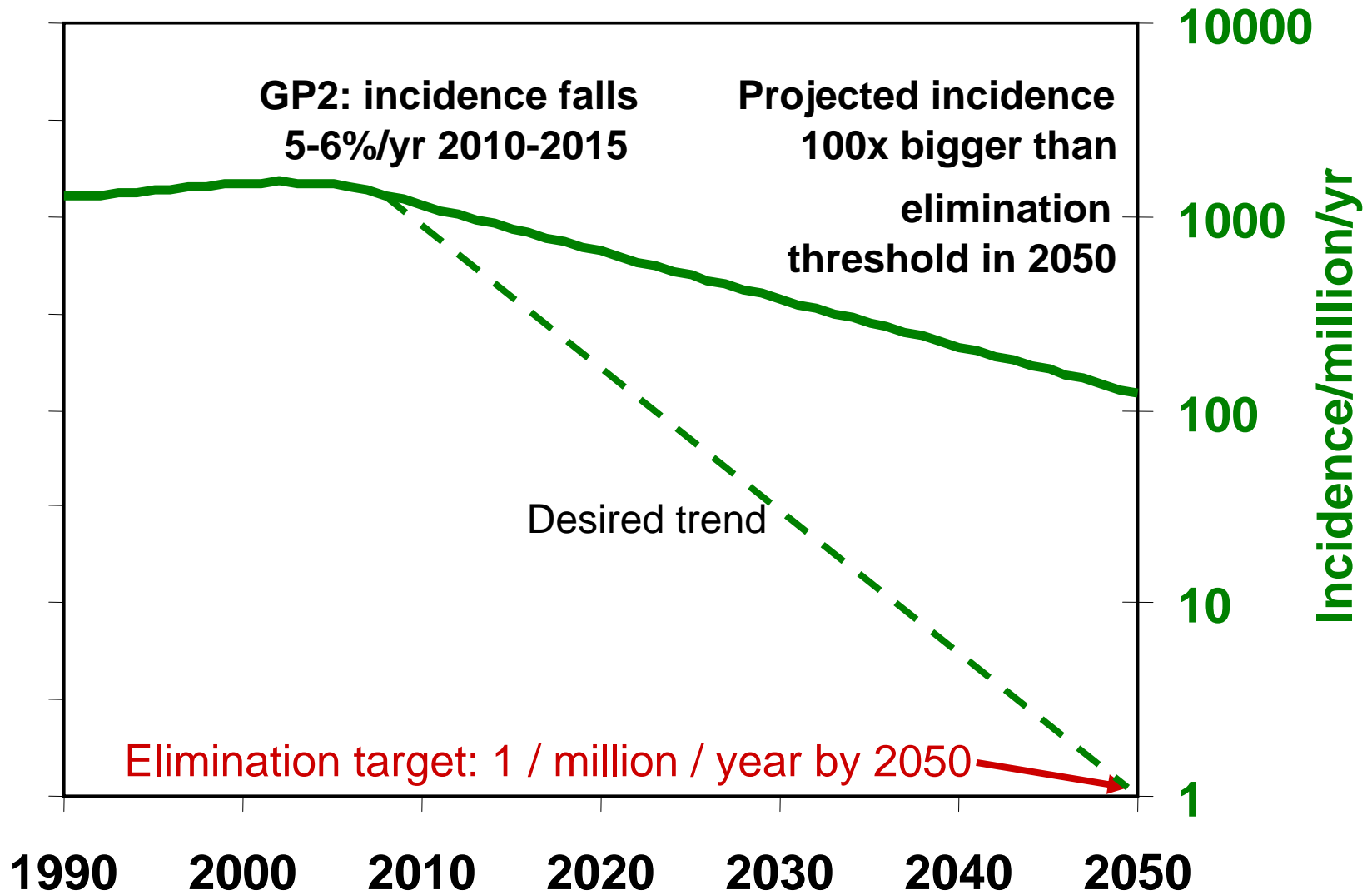
**First anti-TB drugs:**  
contributed <5% of annual  
reduction in TB deaths 1840-  
1970

# Case notification, Morocco

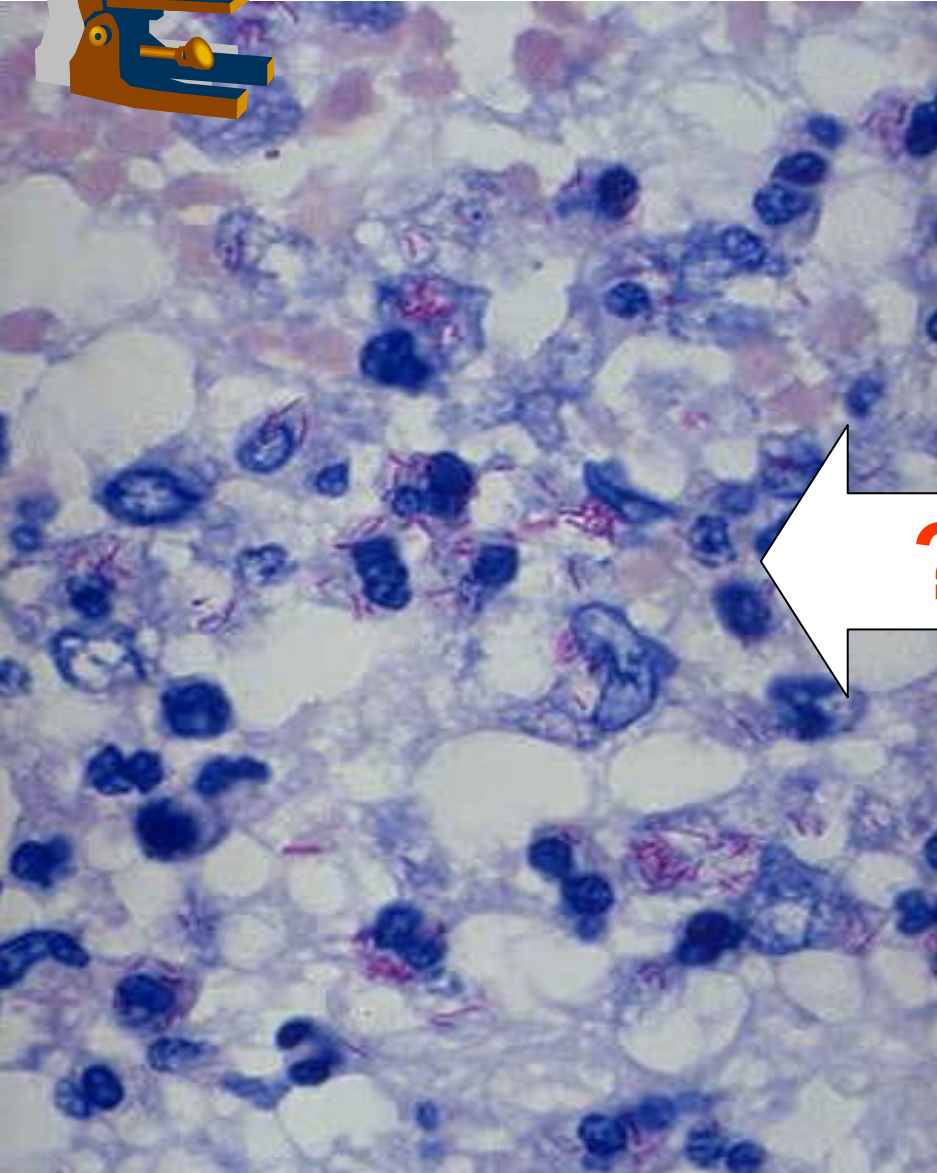
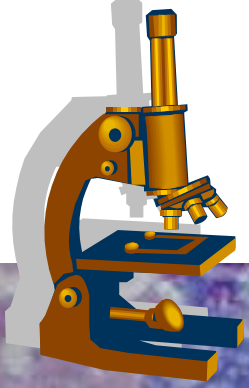


Source: Dye et al. *The decline of tuberculosis epidemics under chemotherapy: the case of Morocco.* *Int J Tuberc Lung Dis* 2007; 11 (in press)

# Full implementation of Global Plan: MDG targets reached but TB not eliminated by 2050

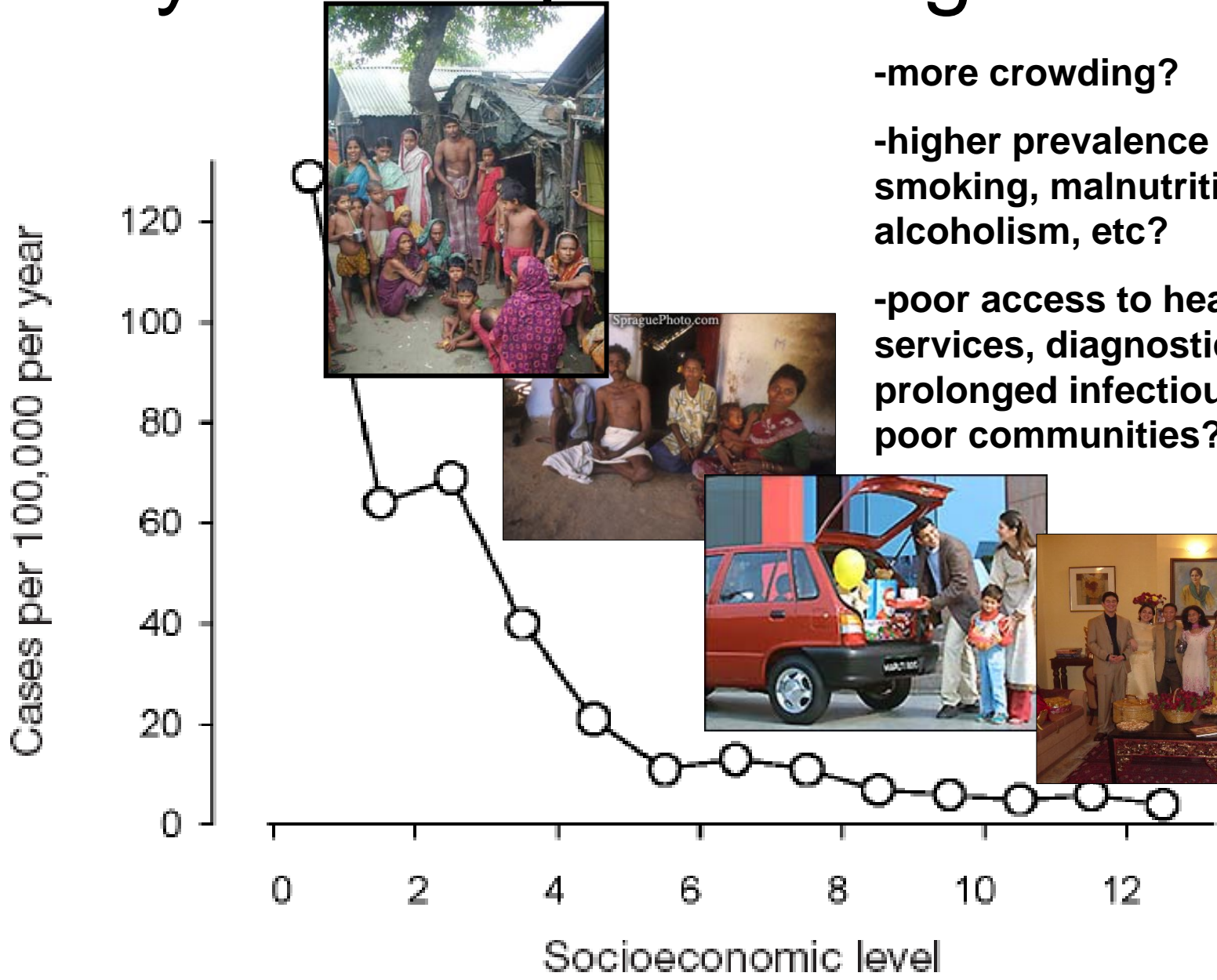


# What is causing TB?



**Health and disease, including TB, are strictly related to economic, environmental, demographic, socio-behavioural, and not only technological issues.**

# Why are the poor at higher risk?



- more crowding?
- higher prevalence of HIV, smoking, malnutrition, alcoholism, etc?
- poor access to health services, diagnostic delays, prolonged infectiousness in poor communities?

# Key questions

- What "maintains" TB in a community?
- What are the "hidden co-epidemics" driving TB epidemiology in some settings?
- Which are the most important direct risk factors (e.g. crowding, HIV, smoking, malnutrition, diabetes, indoor air pollution, alcoholism)?
- What are the "causes of causes", (e.g., poverty, low education, urbanization, ageing, gender, equity, ethnicity, etc...)?
- How do these downstream risk factors and their upstream determinants modify the impact of the current Stop TB Strategy?
- What additional interventions are needed to rapidly reduce TB incidence and reduce inequity in the distribution of TB burden:

Weak and inequitable economic, social, and environmental policy

Globalisation, migration, urbanisation, demographic transition

Weak health system, poor access

Poverty, low SES, low education

Inappropriate health seeking

Unhealthy behaviour

Active TB cases in community

Crowding  
Poor ventilation

Tobacco smoke, air pollution

HIV, malnutrition, lung diseases, diabetes, alcoholism, etc

Age, sex and genetic factors

High level contact with infectious droplets

Impaired host defence

Exposure

Infection

Active disease

Consequences

*Upstream*

*Downstream*

# Expected results

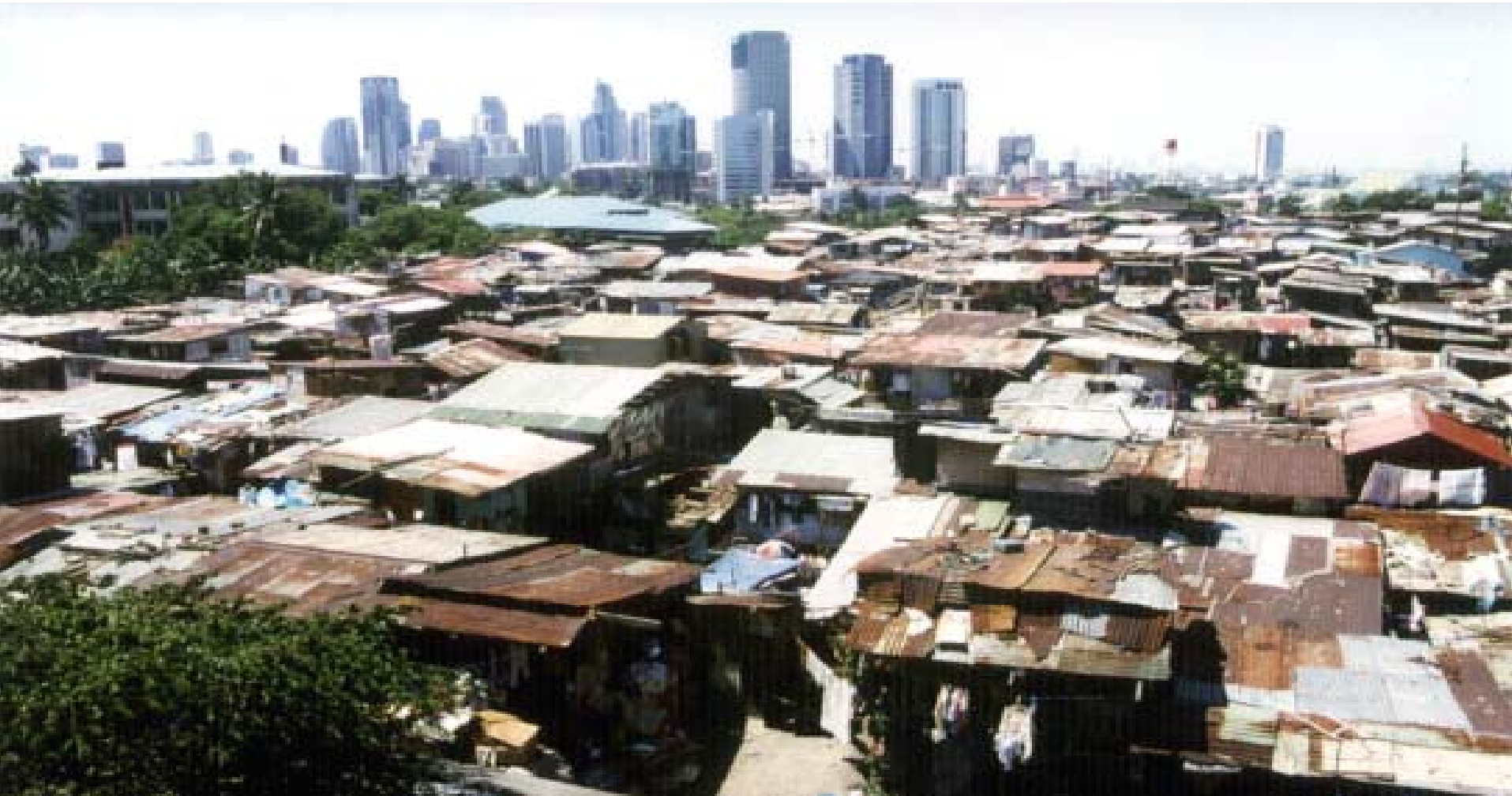
- A solid evidence base on the drivers and determinants of TB
- A quantified assessment of each of them by large region
- A series of interventions in the health sector that could be implemented to reduce the burden of TB

# Possible intervention areas

1. **Programmatic**, within TB programmes and across public health programmes, to reduce HIV, smoking, malnutrition, diabetes, alcoholism
2. **Health systems and primary health care strengthening**: improve capacity to address all above risk factors
3. **Outside health care**: address malnutrition, indoor air pollution, crowding, and "upstream" social determinants through social, economic and environmental policy

# **Tackling drivers and determinants of TB: Is there a role for this Working Group?**

**It is good to advocate for more drugs, more diagnostics, and more vaccines; but is it all what is needed?**



# **Tackling drivers and determinants of TB: Is there a role for this Working Group?**

- **What should be the contents of an advocacy strategy in which social determinants and TB risk factors matter?**
- **What message? Which audience? Which channels? Which partners?**