Revitalising community engagement for TB and TB/HIV prevention, diagnosis and treatment

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WHO

Outline of presentation

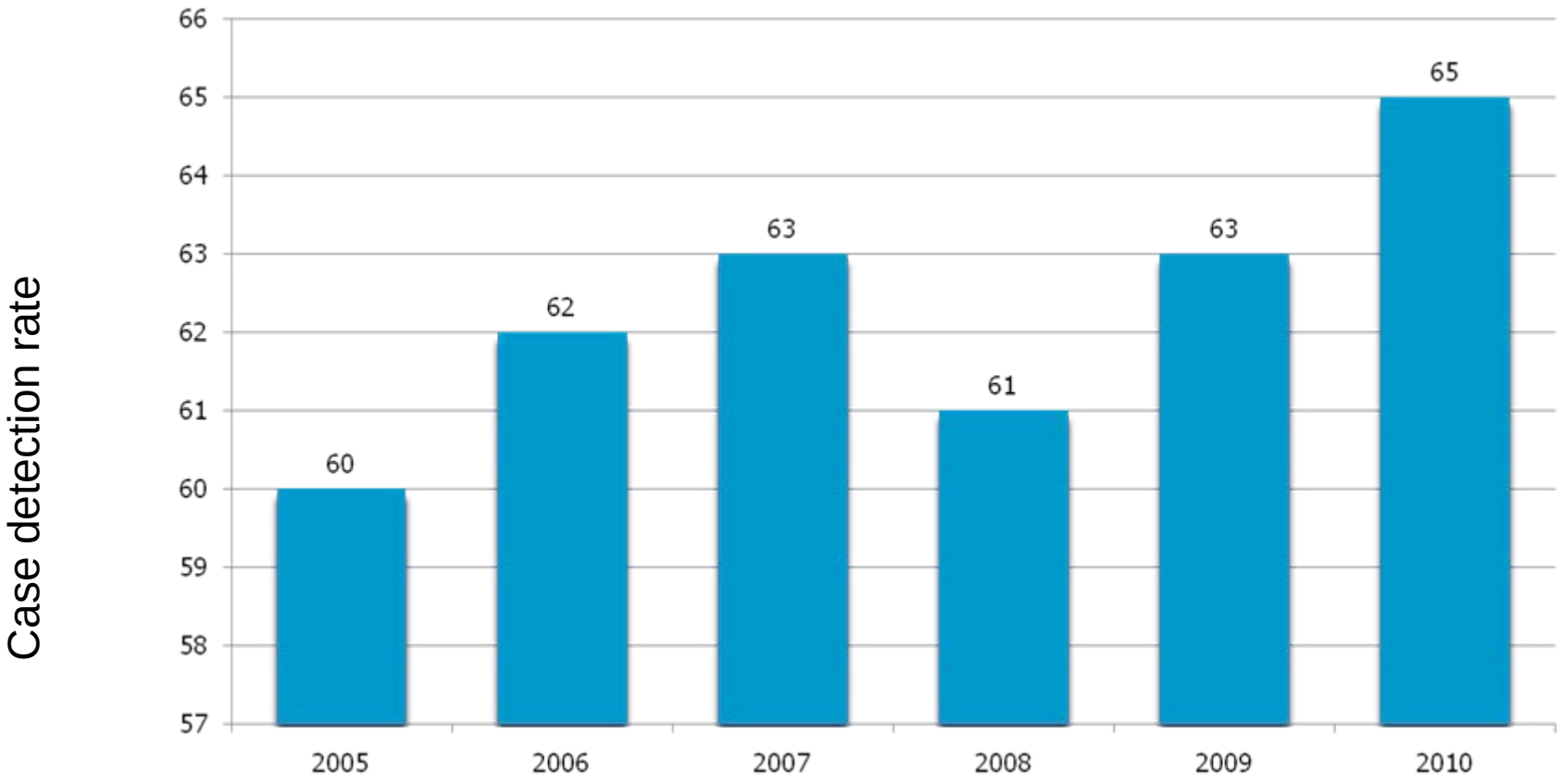
- Why we need community engagement
- Evolution of WHO response
- Recent observations and actions
- Next steps
- Questions

The global burden of TB in 2010

	Estimated number of cases	Estimated number of deaths
All forms of TB (men and women)	8.8 million (range, 8.5–9.2 million)	1.1 million* (range, 0.9–1.2 million)
All forms of TB (in women)	3.2 million (38%) (range, 3.0–3.5 million)	0.3 million (range, 0.2–0.4 million)
HIV-associated TB	1.1 million (13%) (range, 1.0–1.2 million)	0.4 million (range, 0.32–0.39 million
Multidrug-resistant TB (MDR-TB)	0.65 million	~ 0.15million

**excluding deaths among HIV+ people*

Global case detection (60-65%) is stagnating



Community based action needed to get more cases

TB should be integral part of MCH/PMTCT services

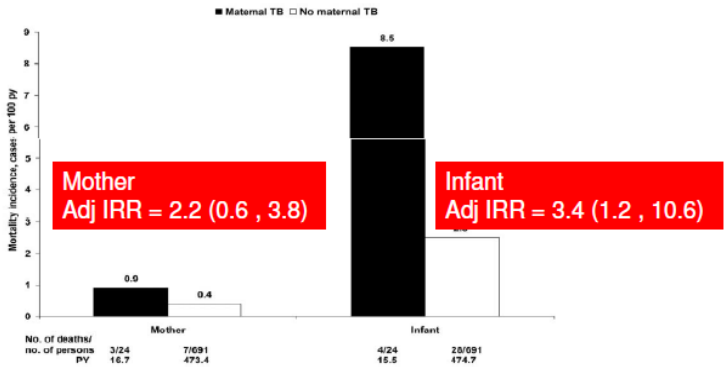
Maternal TB increases mother to child transmission of HIV

Maternal TB (prevalent or incident)	Total (%)	HIV transmitted		Adjusted OR	95% CI
		Yes (%)	No (%)		
No	750 (96)	87 (90)	663 (97)	Ref	
Yes	33 (4)	10 (10)	23 (3)	2.51	1.05 - 6.02

Gupta et al. The Journal of Infectious Diseases 2011;203:358–363

Post partum TB is associated with postpartum maternal and infant mortality

Gupta et al. Clinical Infectious Diseases 2007; 45:



Risks from TB in pregnancy

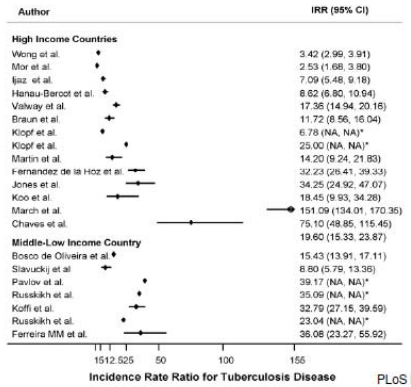
Modified from Gupta et al presentation, TB/HIV research meeting, Cape Town, July 200

Risk	Rate per 1000 pregnancies	
	Normal	TB
Low birth weight (<2.5Kg)	165	342
Prematurity (<37wk)	111	228
Small for dates	79	202
Pre-eclampsia	47	74
Vaginal bleeding	22	44
Perinatal death	16	101
Fetal death (16-28wk)	2.3	20.1

Bjerkedal 1975;Jana 1994;Bothamley 2001;Khan 2001; Figueroa-Damian R,1998

TB and TB/HIV should be integral part of prison and harm reduction services

TB in prison



PLoS Med 7(12): e1000381. doi:10.1371/journal.pmed.1000381

Prison transmission

- 1 in 11 TB cases in high income countries
- 1 in 16 TB cases in mid-low income countries

23 times more risk of TB disease in prisoners than the general population

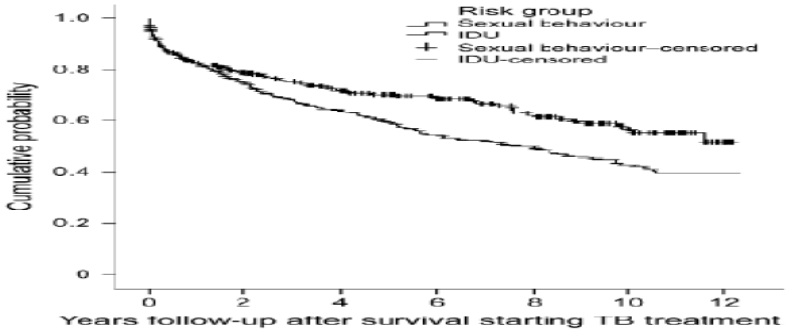
TB risk is high in PWUD regardless of HIV

Pre-HIV era studies: 10x more risk of TB in PWUD

Country (yr)	Drug used	TST +	TB disease
Iran (2001)[1]	Heroin, opium	40%	6.4%
USA (2002)[2]	Heroin, crack	29%	NR
USA (2007)[3]	Crack cocaine	28%	NR

PWUD: people who use drugs

Lower survival of TB patients who inject drugs



TB, diabetes, alcohol and smoking

TB and diabetes

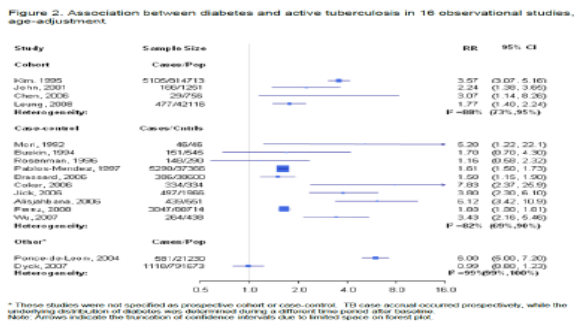


Figure 2. Association between diabetes and active tuberculosis in 16 observational studies, with age-adjustment

Pooled RR= 2.52 (95% CI 1.53–4.03)

TB and alcoholism

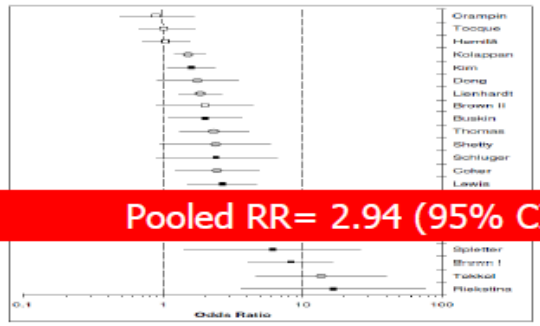


Figure 1
Forest plot of all 21 studies. Bars indicate 95% confidence interval. Filled squares represent point estimate for studies in

- Use of more than 40 gm per day is associated with increased risk of TB.

Pooled RR= 2.94 (95% CI: 1.89–4.59).

TB and smoking

TABLE 1 Associations between smoking and the relative risk of latent tuberculosis (TB) infection, progression to active disease and mortality from active TB disease

Meta-analysis	Pooled relative risk (95% CI)		
	TB infection	TB disease	TB mortality
Studies n	~6	~15	~5
SLAMA [2]	~1.8 (1.5–2.1)	~2.3 (1.8–3.0)	~2.2 (1.3–3.7)
LIN [3]	1.7–2.2 (1.5–2.8)	~2.0 (1.6–2.6)	~2.0 (1.1–3.5)
BATES [4]	~1.7 (1.5–2.0)	~2.3 (2.0–2.8)	~2.1 (1.4–3.4)

Smit et al. Eur Respir J 2010; 35: 27–33

TB and TB/HIV should be a core function of NCD services

Mobile phone utilization and TB treatment outcomes in selected high TB burden countries

Country	Mobile phone per 100 population (2010)[a]	Non evaluated (all forms) (%), 2008 [b]
Russian Federation	166	6
Thailand	101	6
South Africa	101	7
Afghanistan	41	7
Zimbabwe	60	9
Philippines	86	10
Uganda	38	13
Ethiopia	8	13
Brazil	104	15

[a] *source: ITU World Telecommunication/ICT Indicators Database, 2011.*
[b] *source: WHO, Global Tuberculosis Control, 2010.*

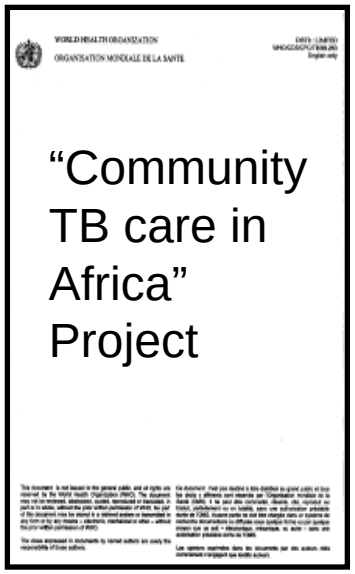
Mobile phones should be used to monitor the treatment outcome of every TB patient!

TB and TB/HIV activities should use m-phones

A farmer with his mobile phone in the Amhara region of Ethiopia in August 2011. Photo. G. Ayalew

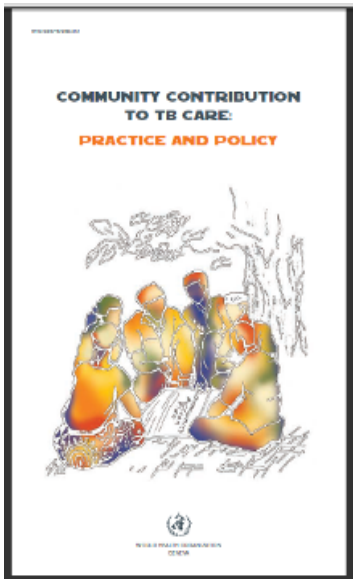
Background: Evolution in WHO response

1998

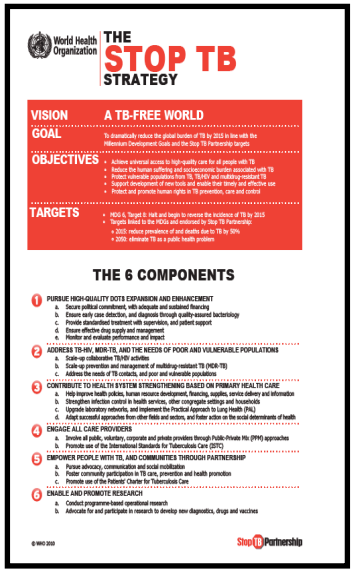


- Research; evidence building
- Rx support: DOT, case detection
- Africa, Asia and Latin America

2003

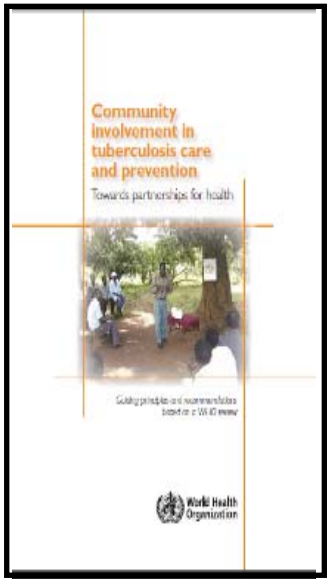


2006



- Component 5
- All providers

2008



- Social justice
- Partnerships
- NTP - CSOs

2010

- Simplification
- WHO role
- CSO role

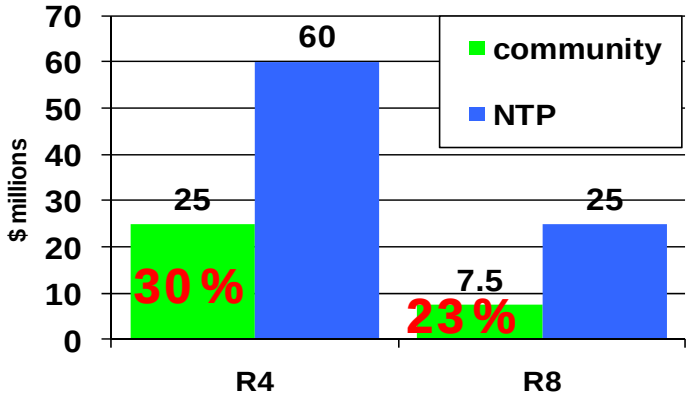
NTP is primary stakeholder

NTP and NGOs are stakeholders

Analysis of GF TB grants: cases of weakness

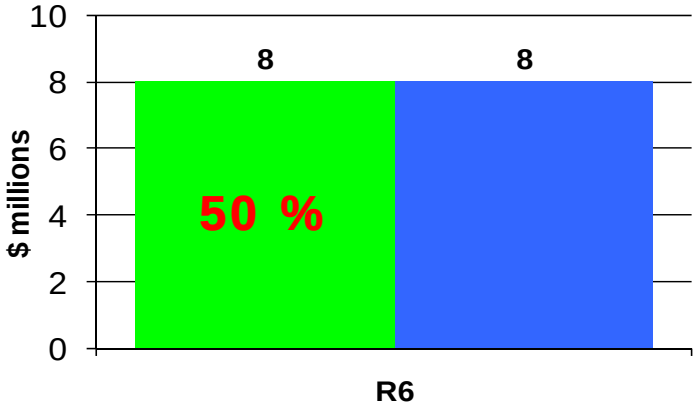
Burkina Faso

- 240 NGOs on TB (100% GF-funded)
- Issues:
  - Review missions exclude NGOs
  - NGOs have their own M and E
  - NTP not linked with NGOs



Thailand

- World Vision key player
- Phase I evaluation of R6 missed WV
- Separate M and E than NTP



WHO Consultation meeting , October 2010

- Simplified WHO guidance needed
  - *“Like the WHO Interim TB/HIV policy”*
- Critical role of WHO
  - Brokering and facilitative
- CSOs’ role defined
  - Service provision
  - Advocacy
  - Demand generation
- Reaching out is crucial
  - Development and MCH initiatives
  - Ministers of Health and others

Global monitoring of community based TB activities by WHO is weak

Report status in GTCR

- 2006: Kenya, Uganda
- 2007: presence of policy in 16 countries
- 2008: Afghanistan, Kenya, Indonesia, Nigeria Uganda, Tanzania.
- 2009: South Africa, Viet Nam, Uganda
- 2010 : ??

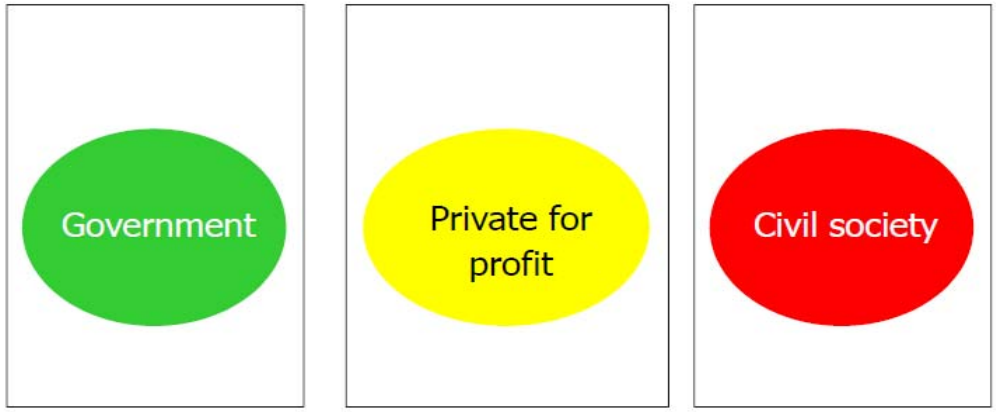
Issues

- Weak indicators
- Lack of clarity on what needs to be collected
- Too much qualitative data and difficult to validate
- Confusion among terminologies (e.g. ACSM)

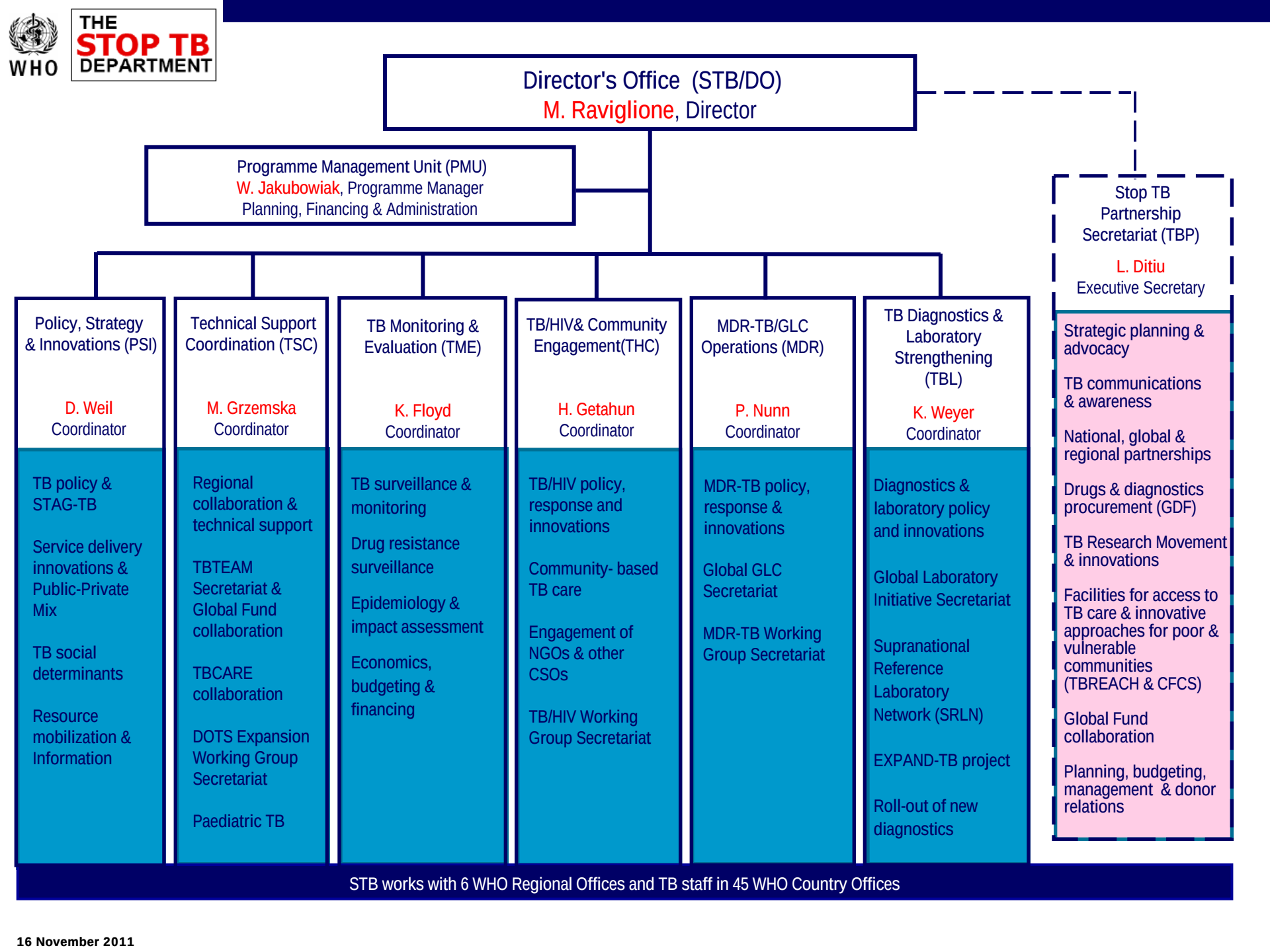
Transforming the global tuberculosis response through effective engagement of civil society organizations: the role of the World Health Organization

Haileyesus Getahun[a] & Mario Raviglione[a]

What is civil society?



As a sector it does not belong to the government and private for profit sectors



16 November 2011

Resource mobilisation

October 11, 2011 09:00 AM Eastern Daylight Time

Bristol-Myers Squibb Foundation Announces Collaboration with World Health Organization's Stop TB Department to Strengthen Community Based Care of Tuberculosis Including HIV Co-Infection in Five African Countries

PRINCETON, N.J.--(BUSINESS WIRE)--The Bristol-Myers Squibb Foundation today announced a collaboration with the World Health Organization's (WHO) Stop TB Department for a two-year pilot initiative to strengthen community based prevention, care and control of tuberculosis (TB) including co-infection with HIV in South Africa, Tanzania, Kenya, Ethiopia and Democratic Republic of the Congo. These five countries collectively represented more than

DR Congo, Ethiopia, Kenya, South Africa, Tanzania

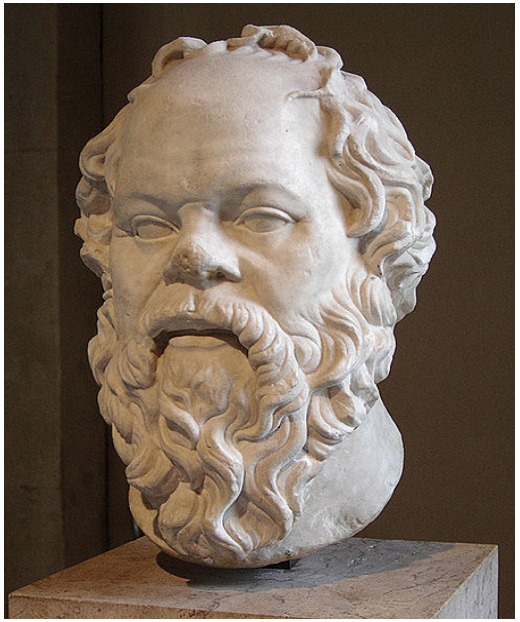
Key activities

Global	Country
• Operational policy guidance	• National guidance
• Define standard indicators	• M and E system
• Implementation manual	• Training manual
• Training manual	• NGOs supported
• Advocacy and visibility	• NGOs provided TA

Simplicity is a mainstay of success in public health programmes

Simplicity is the ultimate sophistication

Leonardo DaVinci



How many things are there which I don't want?

Socrates

Purpose of the guidance

- Basic operational principles for effective collaboration between the NTPs and NGOs in the implementation of community based TB activities.

- Simplified and step - by - step operational policy guidance in the joint implementation and scale up of community based TB activities

Two-prong objective!

Key community based TB activities

- TB awareness creation
- Screening and referral of persons with presumptive TB
- Screening and testing for other TB related co-morbidities (e.g. HIV counselling and testing, diabetes screening)
- Follow up of absentees and defaulters
- Facilitating access to diagnostic services (e.g. sputum or specimen transport)
- Treatment initiation, provision and observation for TB and other comorbidities

By recognised and trained community based workers

Target audience for the guidance

- NTP and other government structures
- NGOs/CSOs
- Patients, clients and their communities
- Donors
- Research stakeholders

Essential Package of Joint Activities

1. Establish conducive legal and policy environment
2. Develop operational guidelines and standard tools
3. Ensure joint planning and set targets
4. Build capacity and mobilise resources
5. Monitoring and evaluation
6. Implement and scale up

Recommended joint activities by NTPs and NGOs

Question

Any comment?

What is missing?