

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

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# Outline of presentation

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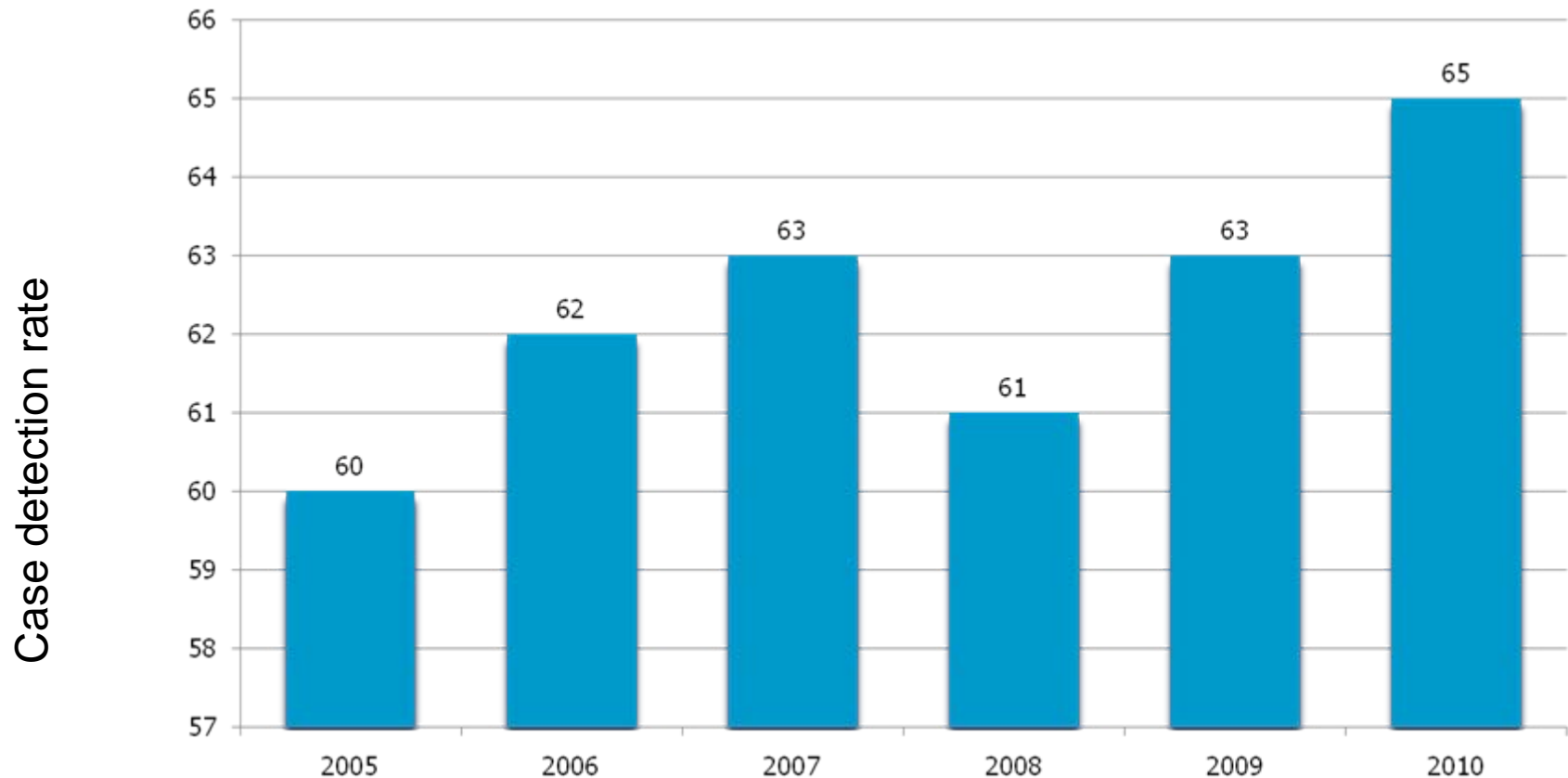
- Why we need community engagement
- Evolution of WHO response
- Recent observations and actions
- Next steps
- Questions

# 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

## Risks from TB in pregnancy

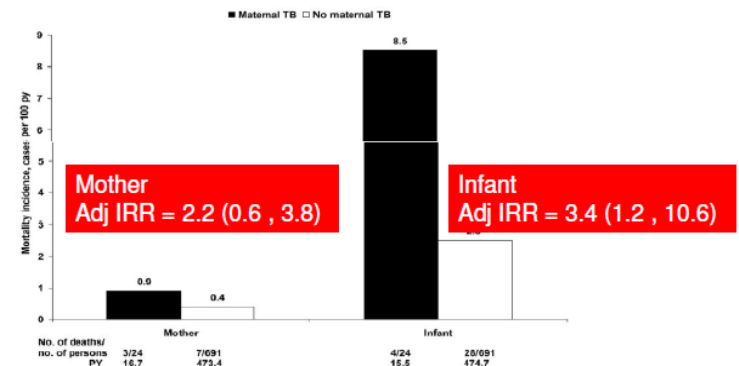
Modified from Gupta et al presentation, TB/HIV research meeting, Cape Town, July 200

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

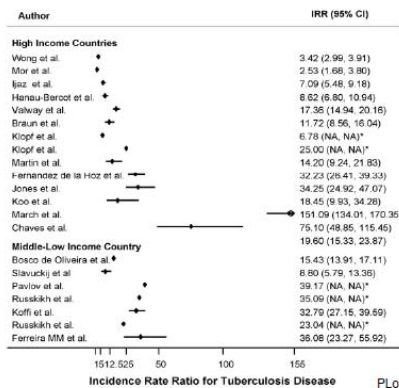
Post partum TB is associated with postpartum maternal and infant mortality

Gupta et al. *Clinical Infectious Diseases* 2007; 45:



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

## TB in prison



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

### Prison transmission

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

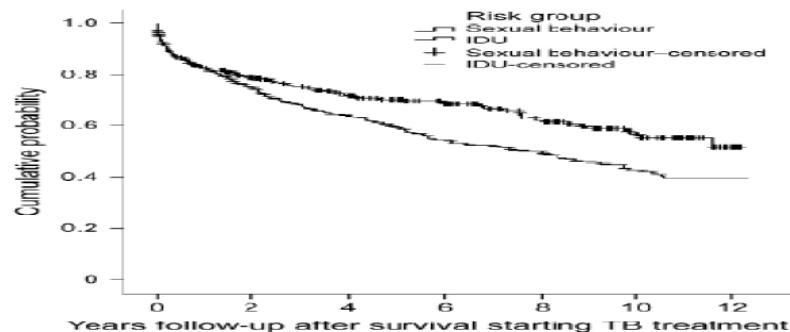
## TB risk is high in PWUD regardless of HIV

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

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

PWUD: people who use drugs

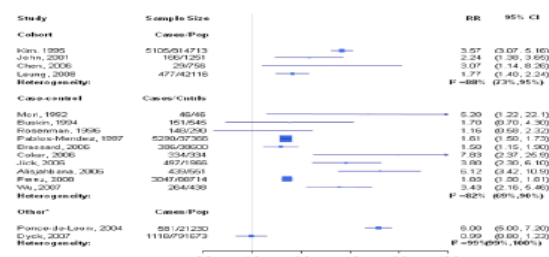
## Lower survival of TB patients who inject drugs



# TB, diabetes, alcohol and smoking

## TB and diabetes

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

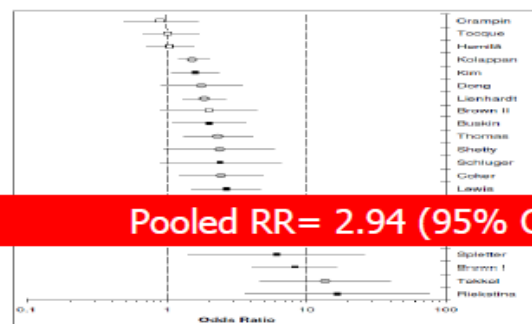


\* These studies were not specified as prospective cohort or case-control. TB cases accrued occurred prospectively, while the underlying duration of diabetes was determined during a different time period after.

Note: Arrows indicate the truncation of confidence intervals due to limited space on forest plot.

Pooled RR= 2.52 (95% CI 1.53–4.03)

## TB and alcoholism



• 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).

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

## 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) <sup>a</sup>	Non evaluated (all forms) (%), 2008 <sup>b</sup>
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

<sup>a</sup> source: ITU World Telecommunication/ICT Indicators Database, 2011.

<sup>b</sup> 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

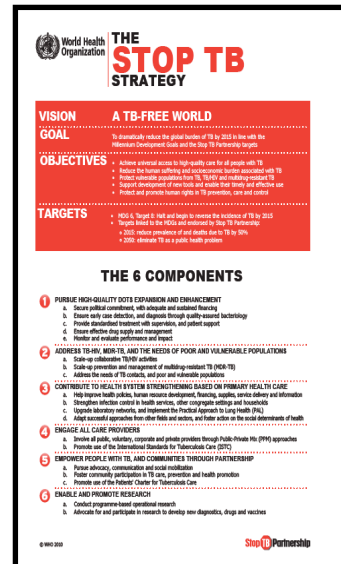
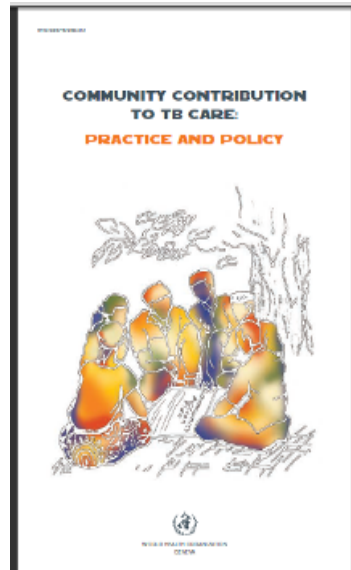
1998

2003

2006

2008

2010



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

- Component 5
- All providers

- Social justice
- Partnerships
- NTP - CSOs

- Simplification
- WHO role
- CSO role

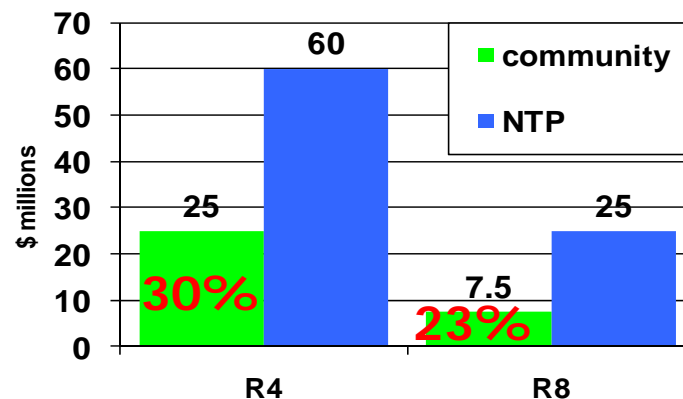
NTP is primary stakeholder

NTP and NGOs are stakeholders

# Analysis of GF TB grants: cases of weakness

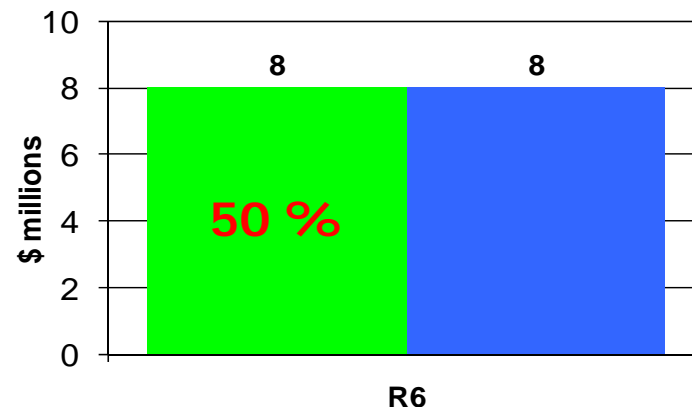
## Burkina Faso

- 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

## Report of a WHO consultation on strengthening the active engagement of civil society organizations in the global TB prevention, care and control efforts

September 30 – 1 October 2010  
Geneva, Switzerland



Civil society organizations are nonprofit organizations that aim to further the interests of the communities they serve. Driven to protect and empower the vulnerable, these organizations work in areas such as community development, service provision, advocacy, activism and research. They include international and national nongovernmental organizations, faith-based, community-based and patient-based organizations delivering health services and advocacy organizations, which play a pivotal role in garnering political support and catalysing implementation. The Stop TB Department of the World Health Organization (WHO) convened a consultation of selected civil society organizations at WHO headquarters in Geneva, Switzerland, on September 30 – 1 October 2010. The objective of the meeting was to exchange experiences and share innovative ways of working together to strengthen efforts for prevention, care and control of tuberculosis (TB) worldwide. The meeting was attended by more than 70 participants representing 38 organizations, including international, national and local nongovernmental, faith-based, community-based and patient-based organizations working on health and development, patient support and advocacy. Participants from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Joint United Nations Programme on HIV/AIDS (UNAIDS) also attended the meeting. Plenary presentations, commentaries and interactive discussions held during round tables were used to describe best practices, experiences, challenges and solutions for strengthened involvement of civil society organizations in TB prevention, care and control efforts at global, national and local levels.<sup>1</sup>



<sup>1</sup> Presentations from the meeting and list of participants are available at [http://www.who.int/tb/newsroom\\_archive/tb\\_meeting2010/index.html](http://www.who.int/tb/newsroom_archive/tb_meeting2010/index.html)

# 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<sup>a</sup> & Mario Raviglione<sup>a</sup>

### What is civil society?

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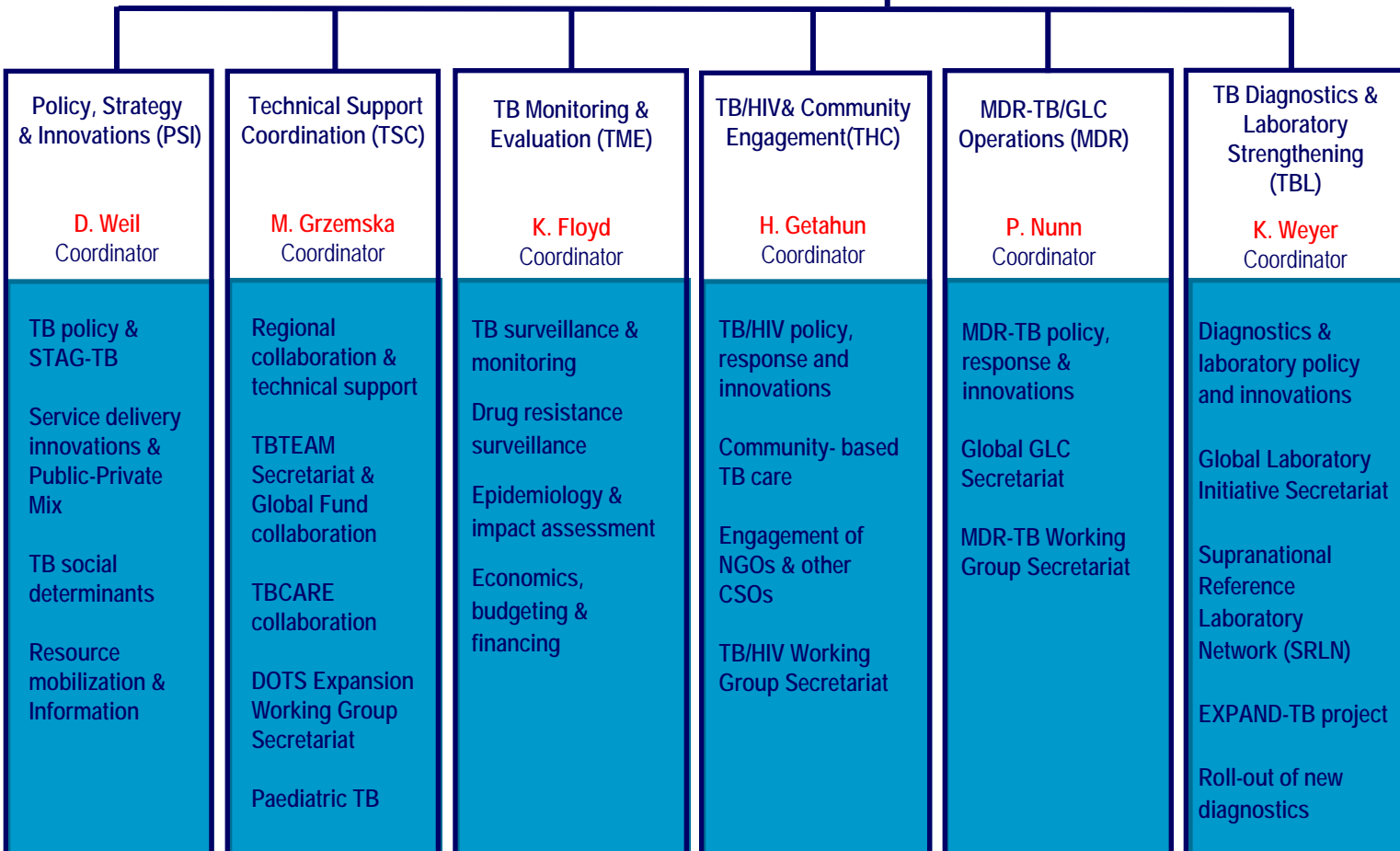


As a sector it does not belong to the government and private for profit sectors

**Director's Office (STB/DO)**  
**M. Raviglione**, Director

**Programme Management Unit (PMU)**  
**W. Jakubowiak**, Programme Manager  
Planning, Financing & Administration

**Stop TB  
Partnership  
Secretariat (TBP)**  
**L. Ditiu**  
Executive Secretary



Strategic planning & advocacy

TB communications & awareness

National, global & regional partnerships

Drugs & diagnostics procurement (GDF)

TB Research Movement & innovations

Facilities for access to TB care & innovative approaches for poor & vulnerable communities (TBREACH & CFCS)

Global Fund collaboration

Planning, budgeting, management & donor relations

STB works with 6 WHO Regional Offices and TB staff in 45 WHO Country Offices

# 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

- Operational policy guidance
- Define standard indicators
- Implementation manual
- Training manual
- Advocacy and visibility

## Country

- National guidance
- M and E system
- Training manual
- NGOs supported
- NGOs provided TA

# Simplicity is a mainstay of success in public health programmes

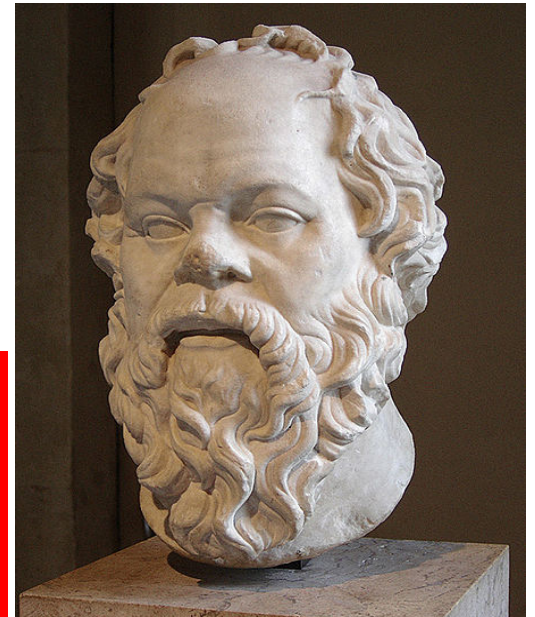


Simplicity is the ultimate sophistication

*Leonardo DaVinci*

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

*Socrates*



# Purpose of the guidance

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- 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

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

# Essential Package of Joint Activities

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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

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Any comment?

What is missing?