

Report from TB and Poverty Subgroup Meeting –

14th October 2008, Paris

TB & POVERTY SUBGROUP MEETING

INCREASING ACCESS: BEYOND THE HEALTH SECTOR

14TH OCTOBER 2008, PARIS, ANNUAL UNION CONFERENCE

SUMMARY

INTRODUCTION

The latest report on Global Tuberculosis Control 2008 has shown that traditional TB control strategy - based on the paradigm “find them and treat them” - has had some success in reducing death and prevalence rates, but has not yet had a major impact on TB transmission and TB incidence trends around the world¹.

A more comprehensive model, addressing barriers in access to TB services and including biological and social determinants, is necessary if we want to implement innovative and effective TB control strategies as well as a better conceptualization of the relationship between the disease and modern societies. To respond to the need of a broader approach, the subgroup held its annual meeting on the theme: “**Increasing Access: Beyond the Health Sector**”.

AIM OF THE MEETING

To facilitate linkages between current TB control approaches and alternative, multidisciplinary initiatives outside the health sector that can increase case detection and reduce the burden of TB.

CONTENT OF THE MEETING

The meeting comprised the following elements described in turn below:

a) Introduction

Bertie Squire opened the meeting and talked about the role, vision and outputs of the TB and Poverty Subgroup and its relevance to the achievement of the Millennium Development Goals. He highlighted the need for the international community to adopt a policy of ‘Free Diagnosis for a TB Free World’ in the same way that free treatment has been adopted. Leopold Blanc presented the latest WHO findings on case finding and main TB indicators. He outlined the importance of implementing strategies specifically addressing vulnerable populations if we want to improve access and achieve the TB elimination targets.

b) Presentations

Four presentations were given, all unique with different perceptions under the broad context of poverty.

Carlton Evans presented the preliminary results of a community trial in a shantytown of Lima, Peru, aiming to reduce TB transmission through socioeconomic interventions including microcredit to TB affected families, health and human rights education. After a difficult start, the trial is now ongoing and more and more families have joined the microcredit initiative. Results of the trial are awaited.

Delia Boccia described the results of a study conducted in Zambia on the association between socioeconomic position (SEP) and prevalent tuberculosis. The analysis of different domains of SEP highlighted the role of food security as a key determinant of prevalent tuberculosis in Zambia. The study showed how important is to disaggregate the concept of poverty and socioeconomic position into meaningful and addressable issues in order to identify new and feasible entry points for TB control.

Wayner Souza presented the links between spatial and environmental research and TB policy and services highlighting the importance of understanding community characteristics. Although TB is an air-borne transmitted disease, so far TB control strategies have targeted individuals, whereas little attention has been given to places and environmental aspects. This study showed how TB surveillance systems can be supported by the use of algorithms allowing the identification of risky places, where TB transmission is more likely to occur. This innovative approach may improve case detection and help to identify areas where TB services are mostly needed.

Ilah Shah gave a presentation, showing the role of holistic programmes focussing on the work of the Self Employed Women's Association and trade unions. This piece of work represented a clear example of a feasible, simple, intervention beyond the health sector that can successfully improve case detection and treatment. A discussion took place on the importance of the labour movement and the link to TB and poverty.

c) Synthesis

John Porter collated and identified the main take home messages of the four presentations. Dr Porter discussed the importance of switching from a disease-approach to a health-approach when addressing public health issues. He highlighted a key shift in the WHO discourse around access from achieving 70% case detection to achieving access for all. The key word seemed to be "integration": integration of concepts, health care systems, expertise, and solutions. A holistic approach to health problems is needed and it is feasible how showed from the presentations on microcredit and the SEWA initiative. The Millennium Development Goals and the recent Commission on Social Determinants of Health represent a unique opportunity to claim for a change and to receive adequate political and economic support to make this change happen.

d) Debate

The meeting was concluded after a long and interesting debate among speakers

and participants. The main issues arising included:

- The importance of healthy communities and of going beyond the absence of disease. The consistency between addressing social determinants of health and the renewed international emphasis on primary health care. The need to link with grass-roots organisations as well as wider international activities such as the international labour movement.
- The fact that National TB Programs can't do everything, but should increase access for poor populations where they can. It is necessary to work out what is feasible for TB programmes to do themselves and where they can collaborate with alternative approaches specifically addressing social determinants of TB, without overloading TB control programs. Key in this will be identifying and working with appropriate, practical and experienced implementing partners as exemplified by the SEWA initiative.
- The need to identify actionable points – together with the promotion of linkages between different sectors are priorities.
- Improving our understanding of access to and interaction with the health system: we have a tool that could help (questionnaire developed by Verena Mauch, KNCV).
- The issue of the use of the word 'poverty' and the reaction it brings. On one hand there is a risk that it becomes an excuse for inaction, so maybe it would be better to adopt more meaningful and easier to define concepts. On the other hand, although the definition is broad, people have some idea of what it conveys and wish to reduce, also it is clearly linked to the first MDG.
- Currently the main obstacle for the implementation of interventions addressing social determinants of TB is the lack of demonstration of impact. The evaluation of the impact and feasibility of these interventions is needed, but also very expensive. The Global Fund has started to show an interest in this area, but no major contribution has been made so far. The identification of alternative donors – not traditionally involved in supporting health promotion projects – is necessary.
- A potential future approach includes the implementation of interventions at different levels, such as programme level, community level and political level. Examples of each of these are the provision of free diagnosis, the provision of micro credit and political advocacy.