Overview: Global TB Epidemiology and Community Engagement

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Who carries the burden of tuberculosis?

...mostly, the most vulnerable

TB spreads in poor, crowded & poorly ventilated settings

Half a million women and 210,000 children died of TB in 2015; 10 million “TB” orphans

Migrants, prisoners, minorities, refugees face risks, discrimination & barriers to care

TB linked to HIV infection, malnutrition, alcohol, drug and tobacco use, diabetes
Global TB burden in 2015

**TB incidence**
- **Total**: 10.4
- **HIV-positive (11% in 2015)**: 1.2

**TB deaths**
- **HIV-negative**: 1.4
- **HIV-positive**: 0.4

480,000 new MDR-TB cases
TB one of top 10 causes of death worldwide, ranks above HIV

Millions in 2012

- Ischaemic heart disease
- Stroke
- Lower resp. infections
- COPD
- TB
- Cancer: tracheal, bronchus, lung
- Diarrheal diseases
- Diabetes
- HIV/AIDS
- Road injuries

Millions in 2015

- TB
- HIV/AIDS

Deaths from TB among HIV-positive people

0 1 2 3 4 5 6 7 8

Millions in 2012

World Health Organization
TB is in every country

Highest incidence rates in Africa and parts of Asia
6 countries, 60% of TB cases in 2015

- India
- Pakistan
- China
- Nigeria
- South Africa
- Indonesia

Number of incident cases:
- 100,000
- 250,000
- 500,000
- 1,000,000
- 2,000,000

Circles shown for countries with at least 100,000 cases per year.
Global Case fatality ratio of TB in 2015

17% globally
Lung cancer and TB

RR regardless of smoking history
All countries = 1.74 (1.48-2.03)
Developed countries = 1.32 (1.07-1.61)
Developing countries = 1.97 (1.60-2.41)

RR among never-smokers
All countries = 1.78 (1.42-2.23)
Developed countries = 1.45 (1.13-1.85)
Developing countries = 2.10 (1.47-3.01)

• Previous TB increases risk of lung cancer
• The risk is not related to smoking history
• Most develop cancer within 1-5 years after TB diagnosis

Long term respiratory complications of TB

- Lung scarring (fibrosis)
- Bronchiectasis
- Chronic Pulmonary Aspergillosis (CPA)
- Air way stenosis
- Chronic Obstructive Pulmonary Disease (COPD)

What is community engagement?

“The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.”

Concepts and terminologies

• Community involvement in health
• Community health in action
• Community participation
• Community engagement
• Community empowerment
Levels of community engagement

- Consultative
- Cooperative
- Collaborative
- Shared leadership

Bi-directional information

Partnership and trust
Community based TB Activities defined

- **Hospitals**
  - Referral, regional and district hospitals
  - Physicians, chest specialist
  - Limited link with CHW and volunteers

- **Health centres**
  - Clinical officers, nurses
  - CHW and volunteers link

- **Health post/clinic**
  - Clinical officers, nurses
  - CHW and volunteers link

- **Homes/school/church etc.**
  - Community health workers
  - Community volunteers
Community health workers and volunteers

- **Community health workers:** people with some formal education who are given training to contribute to community-based health services, including TB prevention and patient care and support.

- **Community volunteers:** community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers.
### Examples of community-based TB activities

- awareness-raising, behaviour change communication and community mobilization
- reducing stigma and discrimination
- screening and testing for TB and TB-related morbidity (e.g. HIV counselling and testing; diabetes screening) including through home visits
- facilitating access to diagnostic services (e.g. sputum or specimen collection and transport)
- initiation and provision of TB prevention measures (e.g. Isoniazid preventive therapy, TB infection control)
- referral of community members for diagnosis of TB and related diseases
- treatment initiation, provision and observation for TB and co-morbidities
- treatment adherence support through peer support and education and individual follow-up
- social and livelihood support (e.g. food supplementation, income-generation activities)
- home-based palliative care for TB and related diseases
- community-led local advocacy activities
Evolution in WHO response

1998

“Community TB care in Africa” Project

- Demonstrating effectiveness and cost effectiveness
- Africa, Asia and Latin America

NTP is primary stakeholder

2003

COMMUNITY CONTRIBUTION TO TB CARE: PRACTICE AND POLICY

2006

THE STOP TB STRATEGY

- Component 5
- Patients’ Charter

2008

Community involvement in tuberculosis care and prevention
Towards partnerships for health

- Social justice, dignity, subsidiarity and solidarity
- Partnerships

NTP and NGOs are stakeholders

2010

1st WHO consultation w NGOs/FBOs/CSOs

Report of a WHO consultation on strengthening the active engagement of civil society organizations in the global TB prevention, care and control efforts
ENGAGE-TB approach: tools
Integrating TB – six priority areas

1. HIV
2. Maternal Neonatal & Child Health
3. Education
4. Agriculture
5. Livelihoods development
6. Water & Sanitation

TB prevention and care can be integrated into all these sectors.
Integrating community based TB and chronic lung conditions

HIV

- Screen for TB, assist clients to receive IPT. The Three I’s for HIV/TB will reduce the burden of TB among PLHIV

MCH

- Pregnant women test for HIV, screen for TB, focus on children under 5 vulnerable to TB infection

Education

- TB messages in curricula and classroom learning, children recognizing TB

Agriculture and income-generation programmes, WASH

- Raising awareness about TB signs and symptoms among organized groups e.g. farmers’ groups and savings and credit groups.

Chronic conditions and lung cancer opportunities

- Early identification of chronic lung condition symptoms
- Assist earlier referral to facilities
- Assist in treatment support
- Address stigma
Conclusion

We have a unique opportunity to address the neglect of TB and chronic respiratory conditions at community level through integrated approach.