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

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Stop TB Department
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

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

*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

<table>
<thead>
<tr>
<th>Maternal TB (prevalent or incident)</th>
<th>Total (%)</th>
<th>HIV transmitted</th>
<th>Adjusted OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>750 (96)</td>
<td>87 (90)</td>
<td>Ref</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33 (4)</td>
<td>10 (10)</td>
<td>2.51</td>
<td>1.05 - 6.02</td>
</tr>
</tbody>
</table>

Post partum TB is associated with postpartum maternal and infant mortality

Gupta et al. The Journal of Infectious Diseases 2011;203:359–363

Risks from TB in pregnancy

<table>
<thead>
<tr>
<th>Risk</th>
<th>Rate per 1000 pregnancies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>Low birth weight (&lt;2.5Kg)</td>
<td>165</td>
</tr>
<tr>
<td>Prematurity (&lt;37wk)</td>
<td>111</td>
</tr>
<tr>
<td>Small for dates</td>
<td>79</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>47</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>22</td>
</tr>
<tr>
<td>Perinatal death</td>
<td>16</td>
</tr>
<tr>
<td>Fetal death (16-28wk)</td>
<td>2.3</td>
</tr>
</tbody>
</table>

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

Prison transmission

- 1 in 11 TB cases in high income countries
- 1 in 16 TB cases in middle 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

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

PWUD: people who use drugs

Lower survival of TB patients who inject drugs
TB, diabetes, alcohol and smoking

TB and diabetes

TB and smoking

TB and alcoholism

Pooled RR = 2.94 (95% CI: 1.89–4.59).

Use of more than 40 g/day is associated with increased risk of TB.

Pooled RR = 2.52 (95% CI 1.53–4.03)

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Mobile phone per 100 population (2010)&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Non evaluated (all forms) (%)&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russian Federation</td>
<td>166</td>
<td>6</td>
</tr>
<tr>
<td>Thailand</td>
<td>101</td>
<td>6</td>
</tr>
<tr>
<td>South Africa</td>
<td>101</td>
<td>7</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>41</td>
<td>7</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>60</td>
<td>9</td>
</tr>
<tr>
<td>Philippines</td>
<td>86</td>
<td>10</td>
</tr>
<tr>
<td>Uganda</td>
<td>38</td>
<td>13</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Brazil</td>
<td>104</td>
<td>15</td>
</tr>
</tbody>
</table>

<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
Background: Evolution in WHO response

1998
“Community TB care in Africa” Project
- Research; evidence building
- Rx support: DOT, case detection
- Africa, Asia and Latin America

2003

2006
THE STOP TB STRATEGY
VISION
A TB-FREE WORLD
GOAL
The global strategy for tuberculosis prevention, care and control is to achieve a 75% reduction in incidence, mortality and prevalence rates by 2015

OBJECTIVES
- Reduce the incidence rate of tuberculosis
- Reduce mortality rate due to tuberculosis
- Reduce prevalence rate of tuberculosis

TARGETS
- Reduce the number of new tuberculosis cases by 75%
- Reduce the number of deaths from tuberculosis by 75%
- Reduce the number of prevalent tuberculosis cases by 75%

THE 6 COMPONENTS
1. Case detection and treatment
2. Improved case management
3. Preventive therapy
4. Surveillance
5. Research
6. Social mobilization

2008
Community involvement in tuberculosis care and prevention
- Social justice
- Partnerships
- NTP - CSOs

2010
NTP is primary stakeholder
- Simplification
- WHO role
- CSO role

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

<table>
<thead>
<tr>
<th>Report status in GTCR</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006</strong>: Kenya, Uganda</td>
<td>• Weak indicators</td>
</tr>
<tr>
<td><strong>2007</strong>: presence of policy in 16 countries</td>
<td>• Lack of clarity on what needs to be collected</td>
</tr>
<tr>
<td><strong>2008</strong>: Afghanistan, Kenya, Indonesia, Nigeria Uganda, Tanzania.</td>
<td>• Too much qualitative data and difficult to validate</td>
</tr>
<tr>
<td><strong>2009</strong>: South Africa, Viet Nam, Uganda</td>
<td>• Confusion among terminologies (e.g. ACSM)</td>
</tr>
<tr>
<td><strong>2010</strong>: ??</td>
<td></td>
</tr>
</tbody>
</table>
Transforming the global tuberculosis response through effective engagement of civil society organizations: the role of the World Health Organization

Haileyesus Getahun & Mario Raviglione

What is civil society?

Government
Private for profit
Civil society

As a sector it does not belong to the government and private for profit sectors
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...
## Key activities

<table>
<thead>
<tr>
<th>Global</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Operational policy guidance</td>
<td>• National guidance</td>
</tr>
<tr>
<td>• Define standard indicators</td>
<td>• M and E system</td>
</tr>
<tr>
<td>• Implementation manual</td>
<td>• Training manual</td>
</tr>
<tr>
<td>• Training manual</td>
<td>• NGOs supported</td>
</tr>
<tr>
<td>• Advocacy and visibility</td>
<td>• NGOs provided TA</td>
</tr>
</tbody>
</table>
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?