
WHO perspective and meeting objectives

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WHO, Geneva
Perspectives

- Historical background
- Current response
- Challenges
- Future directions
- Objectives of this meeting
Historical background – 19th century

- Until 1880s the origin of TB was disputed – hereditary, constitutional, environmental, contagious
- 1839, JL Schoenlein, unified theory of TB
- 1858, William Budd: TB was infectious on epidemiological grounds
- 1870's, Jean-Antoine Villemin, transmitted TB from humans to rabbits
- 1880s, Virchow, disputed unified theory, TB a "social" disease
- 1882, Koch proved the tubercle bacillus was the cause of TB
Historical background – 20\textsuperscript{th}-21\textsuperscript{st} centuries

- 1950s, (Wells), Riley (and Mills) – 1962. TB transmitted by droplet nuclei
- 1996, DOTS – "unified theory" of TB control
  - 5 pillars - and no infection control
- 1990s, HIV accelerated transmission of TB,
  - still no infection control
- 1999 (Reuben Granich et al) – WHO "Guidelines for prevention of TB in health care facilities in resource limited settings"
- 2004, WHO TB/HIV policy – infection control supported
- 2007, (Naomi Bock, Bess Miller and Alasdair Reid) Addendum on infection control in TB/HIV setting
- 2007, Tugela Ferry, hospital outbreak of extensively drug resistant (XDR) TB, with 52/53 patients dead
- 2007, Senior Advisor to the S African Minister, disputed the unified theory, TB a "social" disease
Current Response

- WHO global XDR-TB task force, October 2006
- Infection control group formed
  - Preliminary meeting in Paris, October 2006
  - Infection control, sub-group of the TB/HIV WG, Jakarta, November 2006
  - Planning meeting December 2006
  - Financial support, USAID/TBCAP
- WHO consultation on infection control, planned for June 2007, in South Africa was moved to October, 2007, Geneva
Current Response

- 2007/8 Revision of 1999 guidelines to incorporate concepts of XDR-TB and TB/HIV
- WHO/OGAC TB/HIV meeting in March 2007, addressed infection control – guidance urgently needed at national level
- Drafting of a "Framework for national level programmatic implementation of tuberculosis infection control for resource-constrained settings"
THE STOP TB DEPARTMENT

Director
Senior Policy Adviser
Senior Research Adviser
Policy, planning, finance, communications & coordination

Stop TB Partnership Secretariat (TBP)
Executive Secretary

- Administration, finance, human resources & information technology
- Global Drug Facility, Green Light Committee and UNITAID & TGF collaboration
- Communication & advocacy
- Partnership, governance and VIPs
- Working Groups & Global Plan monitoring

TB Monitoring & Evaluation (TME)
Coordinator

- Surveillance & monitoring
- Epidemiology & impact assessment
- Economics & financing

TB Strategy & Health Systems (TBS)
Coordinator

- Stop TB Strategy implementation
  - Regional support
  - Human resources
  - Community engagement
- Innovative approaches & system strengthening
  - PPM and HSS
  - PAL
- The Global Fund and partners collaboration
  - The Global Fund Liaison
  - Recording & Reporting
  - Drug policies
  - TBTEAM
- Guidelines & norms

TB/HIV & Drug resistance (THD)
Coordinator

- TB/HIV response
- MDR- and XDR-TB response
- Green Light Committee
- Infection control
- Laboratory strengthening

6 Regional Offices, all with TB teams

WHO Offices, including TB-specific staff in 45 countries

10/31/2007
Focus on health care facilities…

- "It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."
  - Florence Nightingale, 1859, British Army Hospital, Scutari, Crimea
But, within the health system, there are big organisational challenges…

- TB infection control involves
  - Prevention of transmission of airborne infections
  - Hospital/health centre infection control responsibilities
  - Occupational health of health care workers
  - Laboratory safety
  - Health facility design and maintenance
  - Prison health
  - Basic and in-service training, etc

- People with HIV are a major at-risk group
And, outside the health system…

- Is where most TB transmission takes place
- And it is driven by:
  - Stigma
  - Gender based power systems
  - Economic deprivation
  - Weak health systems, lack of trust in health services, etc
Therefore infection control needs to be seen in the context of...

- Prevention of TB transmission
  - Treatment literacy
  - Needs of the HIV community
  - Community and gender empowerment
  - Case finding and preventive therapy
  - Development of political commitment
- Political activism, addressing...
  - Poor housing
  - Immigrant workers
  - Prison health
  - Etc, etc

Mexican Teen With TB Faces Deportation
Illegal Immigrant In Georgia Jailed After He Refused Treatment For Contagious Strain Of Tuberculosis
LAWRENCEVILLE, Ga., Aug. 30, 2007
Objectives of this Meeting

- Garner lessons learned from countries implementing infection control measures.
- Discuss and make recommendations that a writing group will incorporate into a revised framework for the programmatic implementation of TB infection control.
Break-out sessions

- Prioritizing TB infection control measures
- Developing partnerships and networks with HIV counterparts, other airborne infection control initiatives, etc. to implement TB infection control
- Costing for TB infection control, advocacy and mobilizing resources
- Addressing human resource considerations
- Ensuring monitoring and evaluation
Road map for the 2 TB infection control documents

<table>
<thead>
<tr>
<th>Previous version</th>
<th>Revised guidelines for prevention of TB transmission in health care facilities</th>
<th>Framework for national level programmatic implementation of TB infection control</th>
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<td>Yes – 1999</td>
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At this consultation

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<tr>
<td>Final comments to Rose</td>
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<td>Major topic of discussion</td>
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Incorporation of new WHO "Guidelines for guidelines" elements

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<td>October-December 2007</td>
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<td>October-December 2007 + Likely major revision</td>
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Wide consultation in HIV community

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Endorsement at meeting mid-March 2008 on HIV/TB, held by HIV Dept, Geneva on TB preventive therapy, intensified case finding and infection control, and Publication, quarter 2, 2008, as joint HIV/TB publication(s)
Future directions

- Policy guidance for countries in TB infection control
  - Writing group for the Framework
  - Completion of guidelines
- Advocacy and resource mobilization
- Technical assistance to regions and countries
  - Training
  - Monitoring and evaluation
- Partnership building and maintenance