Global TB Control

Why Civil Society Organizations must be engaged

Mario Raviglione
Director STB

Consultation Meeting with CSOs
Geneva, 30 September 2010
"Never doubt that a small group of thoughtful committed citizens ... can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

US Anthropologist and popularizer of anthropology (1901-1978)
Universal Declaration of Human Rights

The General Assembly proclaims this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations

(December 10, 1948)

Article 25

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
Core functions of WHO

CONSTITUTION
OF THE WORLD HEALTH ORGANIZATION

The States Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

CHAPTER II - FUNCTIONS

Article 2

In order to achieve its objective, the functions of the Organization shall be:

(a) to act as the directing and co-ordinating authority on international health work;

- Directing and coordinating authority on international health work
- Assisting governments upon request
- Normative function
- Technical assistance
- Fostering cooperation
- Promoting research
WHO core functions in global TB control and research

1. Development of policy, norms and standards
2. Technical support to countries and its coordination
3. Monitoring & evaluation
4. Fostering partnerships including with civil society
5. Promoting research

Focus on key priorities in each area given constrained resources
### The global burden of TB in 2008

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated number of cases</th>
<th>Estimated number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All forms of TB</strong></td>
<td>9.4 million (range 8.9–9.9 million)</td>
<td>1.8 million (range 1.6–2.3 million)</td>
</tr>
<tr>
<td><strong>HIV-associated TB</strong></td>
<td>1.4 million (15% ) (1.3–1.6 million)</td>
<td>520,000 (0.45–0.62 million)</td>
</tr>
<tr>
<td><strong>Multidrug-resistant TB (MDR-TB)</strong></td>
<td>440,000 (0.39-0.51 million)</td>
<td>150,000 (0.05–0.27 million)</td>
</tr>
</tbody>
</table>

Note: 25% of HIV deaths worldwide are due to TB.
TB Control Global Targets

2015: Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 8: to have halted by 2015 and begun to reverse the incidence...

Indicator 23: incidence, prevalence and deaths associated with TB
Indicator 24: proportion of TB cases detected and cured under DOTS

2015: 50% reduction in TB prevalence and deaths by 2015
2050: elimination (<1 case per million population)

What next in 2016?
The global response: Stop TB Strategy & Global Plan

1. Pursue high-quality DOTS expansion
2. Address TB-HIV, MDR-TB, and needs of the poor and vulnerable
3. Contribute to health system strengthening
4. Engage all care providers
5. Empower people with TB and communities
6. Enable and promote research

To save lives, prevent suffering, protect the vulnerable, & promote human rights
STAG 2010: a long way from 2001...
Latest news in TB control & research

1. Universal access for all affected from TB
2. Paradigm change: from DOTS to Stop TB Strategy
3. Emphasis on early case detection and treatment to cut transmission
4. Changes on targets: from performance to impact
5. Work on socio-economic determinants for prevention and political advocacy
6. Engagement of civil society a top priority: consultation back-to-back with STAG
7. Keeping the push for research and fast adoption
8. New tools finally a reality
Achievements thus far

- 36 million patients cured, 1995-2008
- 6 million deaths averted compared to 1995 care standards
- Mortality reduced by 35% since 1990
- Cure rates >85%, care for TB/HIV improving
- 50% prevalence and mortality targets on track except Africa
- MDG achieved: global TB incidence peaked in 2004
- But…. TB incidence declining too slowly, case detection stagnating, and MDR-TB care only now starting scale-up
Full implementation of Global Plan: 2015 MDG target reached but TB not eliminated by 2050

- Elimination target: 1 / million / year by 2050
- TB incidence 10x lower than today, but >100x higher than elimination target in 2050
- Current rate of decline

Incidence/million/yr

- Elimination 16%/yr
- Global Plan 6%/yr
- Current trajectory 1%/yr
What are the challenges in 2010 to target "elimination"?

1. Core TB business: quality variable and funding not secure
2. Case detection: still 63%, late diagnosis
3. TB/HIV impact in Africa: progress but not enough
4. MDR-TB in former USSR, China etc: very slow response
5. Health policies, systems and services: weak, no UHC
6. Socio-economic determinants and risk factors: how to tackle?
7. Non-state practitioners: low standards, irrational drug use
8. Communities: un-aware, un-involved, not mobilised
9. Research: finally new diagnostics, but underfunded
Innovative action needed in 4 spheres "Moving beyond the TB box"

**TB care and control**
- Early & increased case detection
- Scale-up TB/ HIV and MDR-TB interventions
- M&E and impact measurement
- Engage all care providers and communities
- Active screening among at-risk populations
- Introduction of modern technology

**Health systems and policies**
- Close NTP funding gaps
- Provide free services, ensure quality drugs, regulate private care, better M&E, collaboration on co-morbidities

**Development agenda**
- Socio-economic factors: living conditions, food insecurity, awareness, risk behaviour, access to care
- Reduce costs to patients to minimise impoverishment
- Secure political commitment and civil society awareness & mobilization

**Research sensu lato**
- Target new tools
- Operational research and transfer of technology
Innovative action needed in 4 spheres
"Moving beyond the TB box"

**TB care and control**
- Early & increased case detection
- Scale-up TB/HIV and MDR-TB interventions
- M&E and impact measurement
- Engage all care providers and communities
- Active screening among at-risk populations
- Introduction of modern technology

**Health systems and policies**
- Close NTP funding gaps
- Provide free services, ensure quality drugs, regulate private care, better M&E, collaboration on co-morbidities

**Development agenda**
- Socio-economic factors: living conditions, food insecurity, awareness, risk behaviour, access to care
- Reduce costs to patients to minimise impoverishment
- Secure political commitment and civil society awareness & mobilization

**Research sensu lato**
- Target new tools
- Operational research and transfer of technology
Innovative action needed in 4 spheres
"Moving beyond the TB box"

TB care and control
- Early & increased case detection
- Scale-up TB/HIV and MDR-TB interventions
- M&E and impact measurement
- Engage all care providers and communities
- Active screening among at-risk populations
- Introduction of modern technology

Health systems and policies
- Close NTP funding gaps
- Provide free services, ensure quality drugs, regulate private care, better M&E, collaboration on co-morbidities

Development agenda
- Socio-economic factors: living conditions, food insecurity, awareness, risk behaviour, access to care
- Reduce costs to patients to minimise impoverishment
- Secure political commitment and civil society awareness & mobilization

Research *sensu lato*
- Target new tools
- Operational research and transfer of technology
Innovative action needed in 4 spheres
"Moving beyond the TB box"

**TB care and control**
- Early & increased case detection
- Scale-up TB/HIV and MDR-TB interventions
- M&E and impact measurement
- Engage all care providers and communities
- Active screening among at-risk populations
- Introduction of modern technology

**Health systems and policies**
- Close NTP funding gaps
- Provide free services, ensure quality drugs, regulate private care, better M&E, collaboration on co-morbidities

**Development agenda**
- Socio-economic factors: living conditions, food insecurity, awareness, risk behaviour, access to care
- Reduce costs to patients to minimise impoverishment
- Secure political commitment and civil society awareness & mobilization

**Research sensu lato**
- Target new tools
- Operational research and transfer of technology
Engaging CSO: All started in 1995

Hlabisa, KZN, 10-1995

TASO, Masaka, Uganda 10-1995

1st Workshop on community care, 11-1995
Milestones in engaging CSO in TB control

1998

- Community contribution to TB control
- Rx support: DOT, case detection
- Africa, Asia and Latin America
- NTP leadership important

2003

- Advocacy, communication and social mobilisation
- Community participation
- Patients' charter

2006

- Partnership building with shared responsibility
- NTP, civil society and communities

2008
Other efforts in engaging CSOs


- Heated discussion/debate on data validation by CSO at country level: "shadow" national TB reports?

- Engagement in WHO/STAG, expert groups, Stop TB Partnership CB and Working Groups

- Civil Society Challenge Facility by the Stop TB Partnership Secretariat
What is missing?

1. NTPs prefer to avoid component 5 of the Stop TB Strategy
2. Effective national Stop TB Partnerships (eg, Swaziland model) are too rare
3. Patients groups are not systematically convened
4. NGOs and FBOs working on HIV/AIDS or primary care ignore TB
5. TB is under-represented in CCMs and in GF bodies
6. No activism = absence of TB at MDG Summit
7. Engagement of CSO at WHO HQ is happening but needs coherence, consistency, accountability and regularity
8. Engagement at RO and country level is still insufficient
Tuberculosis 8

Scale-up of services and research priorities for diagnosis, management, and control of tuberculosis: a call to action

Ben J Marais®, Mario C Raviglione®, Peter R Donald, Anthony D Harries, Afranio L Kritski, Stephen M Graham, Wafaa M El-Sadr, Mark Harrington, Gavin Churchyard, Peter Mwaba, Ian Sanne, Stefan H E Kaufmann, Christopher JM Whitty, Rifat Atun, Alimuddin Zumla*

The Millennium Development Goal target for tuberculosis control is to halt the spread of tuberculosis by 2015, and begin to reverse the worldwide incidence. After the introduction of standard control practices in 1995, 36 million people were cured and about 6 million deaths were averted. However, substantial scientific advances and innovative solutions are urgently needed together with creative new strategies. Strong international and national political commitment is essential. Urgent action is needed by national governments to fund their own programmes, and for the G8 countries and other donor governments and organisations to support governmental and non-governmental efforts. To foster the global need for urgent action to control the tuberculosis epidemic, *The Lancet*, in collaboration with the Stop TB Partnership, WHO, Global Fund to Fight AIDS, Tuberculosis and Malaria, and the experts participating in this Series, is launching *The Lancet* TB Observatory, which will assess and monitor progress in tuberculosis control and research, assess domestic and global financing, regularly disseminate information, and advocate for intensified efforts with stakeholders at all levels.
political commitment. Fundamentally, what needs to be recognised is that the efforts to control tuberculosis have a severe lack of political commitment at the country and international levels. Funding for tuberculosis is neglected because it is not a special programme of the World Bank, is not a named priority among any UN agency leaders, does not have a special UN programme, is not in UNICEF’s portfolio, is not a special presidential initiative in the USA, and does not have strong support from the pharmaceutical industry compared with HIV/AIDS, malaria, and non-communicable diseases. It was even omitted from the formal title of MDG 6 and only listed among its indicators. Yet tuberculosis is a major preventable cause of disease and death, and one of the diseases with the most cost-effective health interventions available today, considering that existing inexpensive interventions, although restricted in their effectiveness, have saved millions of ...
"It's the passion that drives the world, not only the intelligence"

Antoine de Saint Exupéry

French writer and aviator (1900-1944)
"Give us an organization of revolutionaries and we will turn the world upside down."

Владимир Ильич Ульянов - Ленин

Russian politician and revolutionary
(1870-1924)
Key questions to think through in order to progress in collaboration

• How can we work together to expedite the implementation of evidence-based policies in countries?
• How to build mutual accountability to expedite implementation?
• How can WHO help you work with governments?
• How can CSOs take a strong role in advocacy for TB nationally and globally?
• Do we need a formal structure to enhance the advisory role of CSO in the TB work of WHO?
Everything is possible...

"It always seems impossible until it is done"

Nelson Mandela

Anti-apartheid Leader and South Africa President (1918)