IUATLD Meeting Report—"The Union"

October 16-20, 2008. Paris, France.

Submitted by Ann Hendrix-Jenkins, Coordinator, TB Working Group

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The meeting in a nutshell, according to Dr. Christine Whalen, TB consultant:

"This year, there was much more attention to the community interventions, more HIV activists (very articulate individuals demanding to be included, and ensuring care that includes TB in HIV programs) - and more TB/HIV and of course. Also, more people seemed to be present from HIV programming initiatives, in addition to the activists. Finally, more attention was given to MDR and new diagnostics.

TERMINOLOGY is evolving (as per STOP TB Partnership)

DOTS = Directly Observed Treatment Strategy-- the multifaceted STOP TB Strategy, which currently includes six components.

DOT = Directly Observed Treatment (watching patients take their medicine and/or supporting course of treatment: may include recordkeeping, medicine retrieval, storage, side effects counseling, referrals & more.)

Extensive online coverage of this conference, in detail, including videos, transcripts: Kaiser Network.

http://www.kaisernetwork.org/paris2008/

Themes ~ Popular Topics

Decrease the burden of TB in people living with HIV: The Three I's

1. Establish Intensified TB case-finding: Screening for symptoms and signs of TB in places where HIV-infected people are concentrated, followed by diagnosis and prompt treatment, increases chances of survival, improves quality of life, and reduces transmission.

2. Introduce Isoniazid prevention therapy (IPT): Isoniazid is a drug given to people with latent TB infection to prevent progression to active disease. HIV programmes should provide IPT for people living with HIV, provided the patient does not have active TB. IPT can be used with antiretroviral therapy (ART) drugs.

3. Ensure TB Infection control in health care and congregate settings: TB transmission occurs where people with TB and HIV are crowded together, such as in hospital wards, prisons or military barracks. Such facilities must have TB infection control plans (supported by all stakeholders) that include administrative, environmental and personal protection measures to reduce transmission.

For the full overview from WHO: *Policy on collaborative TB/HIV activities.*
http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.330.pdf

A session on the topic (including the community perspective), complete with video, powerpoints, etc:
http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=3060

What do successful community-based TB efforts look like? Session: Successful Models Of Community And Partner Involvement In TB Control. Co-facilitated by former TB WG co-chair Alka Dev. Includes presentations from several CORE member organizations: DOW, World Vision, PATH.

These presentations describe complex, multi-faceted programs involving community leaders, school children, civil society organizations and more to raise awareness and support community DOT.

CORE's Booth

Video, transcript and PowerPoint Presentations available at:
http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=3059

Poverty and TB. Union president Squire, inaugural conference speech:

> "The poor are 2 time more likely to get TB; 3 times less likely to have access to treatment; 4 times less likely to complete treatment, and 5 times more likely to incur costs for their care. Treatment disparities also vary dramatically between the poor and the poorest."
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> "By 2050 3 of 4 people will be urban—exacerbating health inequities….Health systems can promote health equity through investment and community empowerment…reach out to those not now being reached by the health system."

Outgoing Union president Asma El Sony. Union shifting to "Comprehensive Approach to Respiratory Illness Prevention and Lung Health." Emphasis on need to improve human resources and decentralize services and technical assistance…importance of partnerships and bottom-up planning. Poverty as serious, common obstacle to TB control and lung health promotion…invest more in empowerment of the poor.

Why are the fields of HIV and TB so separate and different? Many reasons, including the fact that the HIV field was started "from scratch" not too long ago by activists, who focused on prevention—which means a focus on behavior and outreach.

> *"Informed and empowered civil society groups have been central to advancing the global response to HIV in defining and driving the research agenda as well as accelerating the implementation of universal access to HIV prevention, treatment, care and support. This community activitism is now being expanded to tackle the challenge of improving TB control for people living with HIV." --A. Reid, UNAIDS*

TB is a much older field, traditionally top down, vertical (separate even from Ministries of Health) and medically focused on treatment—an accepted approach before TB made its dramatic comeback. The TB field is changing to accommodate the new landscape, but it's a major effort

to do so, and entail overcoming inertia and changing practices that have been established for decades.

"Real attempts need to be made to break out of the prevalent vertical orientation of current programming. Individuals, households and communities naturally engage in multisectoral and multidisciplinarydecisionmaking and actions…A new generation of programming is needed to reflect these realities." –S. Gillespie on HIV, TB and food security, IFPRI

"Integrated outreach education covering most presenting respiratory illness led to more integrated and effective care delivery for HIV/AIDS and TB, compared with vertical programming alone." –L Fairall, U. of Cape Town.

- **Children and TB treatment and prevention.** This arena is rapidly evolving. Infants and children under 5 are at greatest risk of developing TB following infection. Therefore, WHO recommends IPT for all children under 5 who are TB contacts. However, this is rare. Drugs are often not available in the correct dosage and need to be divided. Diagnosing TB in HIV positive children is even more difficult. Children also need second-line drugs as well which has its own set of complex issues, e.g. lack of diagnosis, lack of child friendly drugs or second line drugs at all, toxicity and side effects can be stronger in children, and little is known about the interface of second line drugs and ARVs.
  The extent of the problem of childhood TB is not clear in many places. One study in Papua New Guinea found high incidence and caseload of childhood TB.
  Pakistan is currently using global fund resources to develop and pilot childhood TB management guidelines in ten districts.
- **The 1% Scandal: Living with HIV/Dying of TB. "**According to the most recent data available, a mere 1% of people living with HIV/AIDS (PLWHA) are reported to have been screened for TB…" More on this from ACTION at http://ado.3cdn.net/4b882c362190e23391_scm6bn98b.pdf
- **Diagnostic delay a common problem.** The longer a patient waits to seek treatment, the worse the outcome. How to shorten the delay? Stigma is often a factor. Also poor access to services.
- **Task shifting** strategy—in light of human resource shortages and outreach to more difficult areas, many programs are shifting tasks once reserved for doctors and nurses to community health workers and volunteers.
- **Gender rarely addressed.**

News

- **IRIS:** Immune Reconstitution Inflammatory Syndrome. Also known as: Immune Restoration Disease or Immune Recovery Syndrome. "Case Definition: A paradoxical deterioration in clinical status after initiating highly active antiretroviral therapy (HAART) attributable to the recovery of the immune response to latent or subclinical infectious or non-infectious processes." As ARVs help the immune system grows stronger, TB or symptoms may emerge, sometimes fatally.
- **TB drugs and ARVs**: it appears that taking TB treatment and ARVs at the same time may be a productive approach.
- **TB Drugs**. Five new drugs are in development and should be registered by 2015.
- **Lab strengthening** is high on the agenda. New technologies may support this.

***Kaiser Coverage**:*

- "New TB Vaccine Creates Stronger Immune Response Than BCG Vaccine, Study Says
- New Vaccine Reduces TB Incidence by 37% Among HIV-Positive People, Study Says
- New TB Blood Test Provides More Accurate Diagnosis Than Skin Test, Study Says
- Lung Health Conference: Participants Discuss Ways To Increase Access to HIV Services Among People With TB
- Malawian Journalist Wins Stop TB Partnership Journalism Award"

Products and resources

- **Cultural Competency and TB Control: Country Specific Guides** from Southeastern Nat'l TB Center

  Although designed to help US-based health professional working with foreign-born clients, these guides provide a simple yet rich overview for each country of the TB situation, health care and related cultural ideas and treatments. They have potential as a model for materials your organization may want to develop for health care training and support.

  > "In addition to helping you gain a greater awareness and understanding of the attitudes, beliefs and practices related to TB and HIV/AIDS within your clients' birth countries; these guides will also assist you to become better acquainted with a range of topics including – nicknames for TB, the cultural courtesies or etiquette to observe, as well as verbal and non-verbal communication patterns, the languages spoken, and religions practiced within these countries."
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  > "The country guides are organized by continent and color and divided Into seven sections: 1. Country Background, 2. Epidemiology, 3. Common Misperceptions, Beliefs, Attitudes, and Sigmatizing Practices Related to TB, 4. Common Misperceptions, Beliefs, Attitudes, and Stigmatizing Practices Related to HIV/AIDS, 5. General Practices and Cultural Courtesies, 6. Translated Educational Materials Available Through the World Wide Web, 7. References"

  Countries available: Cambodia, Dominican Republic, Ecuador, Honduras, India, Mexico, Philippines, Somalia, VietNam.

  http://sntc.medicine.ufl.edu/Products.aspx

- **MyGlobalFund.org** has forums, blogs and more, for sharing best practices, great ideas, stimulating research, encouraging partnerships. "A communication tool and meeting place for people interested in the global fight against AIDS, TB, or malaria." Anyone is free to join. (The regular global fund site is www.theglobalfund.org)

- **Involving the Community in Responding to TB/HIV: Outcomes of Community-Led Monitoring and Advocacy.**
  Four page summary from Public Health Watch, Open Society Institute. Findings call for more TB/HIV coordination, knowledge, community involvement, stigma reduction, gvt oversight of drugs, coverage of hidden costs of treatment. Advocacy seeks to increase community representation in policymaking and international bodies; change policies at local, national, international level; foster interest in TB/HIV by AIDS activists and international bodies. For the full report, and other substantive materials, visit www.soros.org/health

- **TB Education and Training Resources**. As always, a great resource managed by CDC. For example, a search of materials on children and TB yields 114 resources, primarily medical/technical.

- Guidelines, educational materials and more available from **New Jersey Medical School, Global TB Institute**: http://www.umdnj.edu/globaltb/productlist.htm. Includes: job aids for health workers; how to set up school based DOT program; nurse self-study manuals; school nurse handbook; cultural competency newsletter; basic epidemiology training; sample treatment cards and records, and much more.

- **Basic documents on TB program management**, protocols, documentation, studies. epidemiology, and more. ALSO child lung health and tobacco control documents from the **Union.** www.iuatld.org

- **Free image archive.** World Lung Foundation. www.worldlungfoundation.org

- **From TBCAP**: Guide to M&E for TB/HIV; Compendium of Indicators; 10 Infection Control Actions; and much more. www.tbcta.org

- **From KNCV:** FACT SHEETS: TB: The Facts ~ TB and HIV/AIDS ~ TB and poverty ~ TB in Europe ~ MDR TB ~ Prevalence Surveys and TB control. Find them at: www.kncvtbc.nl OR www.tuberculose.nl

Training opportunities for healthcare managers and administrators in limited resource settings:

Management, finance and logistics—February, Bangkok.
Budget planning and project management—September, Bangkok.
HR development and management—November, Bangkok
Leading management teams—July, Bangkok
More information: www.union-imdp.org

Organizations

What is UNITAID? Mission: "To contribute to scale up of access to treatment for HIV/AIDS, malaria and TB for people in developing countries by leveraging price reductions of quality drugs and diagnostics, which are currently unaffordable for many countries, and to accelerate the pace at which they are made available."

Objectives: To spread access to medicines for HIV/AIDS, malaria, and TB…
- Generate long term price reduction on medicines and diagnostics, and to stabilize the market.
- Improve drug quality
- Shorten lead time of drug delivery
- Drive the development of appropriate patient friendly drugs

Formed in September, 2006 by five countries to create an int'l drug purchase facility to be financed with sustainable, predictable resources. Since joined by many countries and supported by the Gates Foundation. Website: www.unitaid.eu

Also noteworthy

MPOWER: A Policy Package to Reverse the Tobacco Epidemic
WHO www.who.int/tobacco/mpower

Monitor tobacco use
Protect people from tobacco smoke
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising and promotion
Raise taxes on tobacco products

The Last Word

> "The revival of primary healthcare promoted by WHO demands inclusion of faith-based organizations and NGOs to be effective in the face of widespread health challenges."
>
> – G. Gargione, WHO

Hara S., PATH, presents a poster on operations research on lost referrals—most were not really lost after all!

Congres de Paris—convention center