

IUATLD: “The Union” Annual Conference
8-12 November 2007, Cape Town, South Africa
Theme: Confronting the Challenges of HIV & MDR in TB Prevention and Care.

Meeting Highlights. Submitted by Ann Hendrix-Jenkins
Coordinator, TB Working Group, CORE Group. www.coregroup.org

TB and TB Programming Today: TB control, care and cure are more complex than ever, partially due to issues of physiology and care resulting from TB-HIV synergies, and to the spread of Multi Drug Resistant (MDR) and Extensively Drug Resistant (XDR) forms of TB. Certain populations require specialized care including pregnant women and children—but their ideal drug regimens and other care issues are still unclear.

Special challenges are inherent in TB control due to the long duration of treatment, frequent adverse side effects of the drugs, and stigma/discrimination faced by patients. The situation presents a burden on human resources due to danger of infection, complexities of treatment, and the move toward integrated services. The effects of nutrition, tobacco, and other substance abuse on TB vulnerability and treatment are being investigated. For the first time in 40 years, there is significant pipeline of TB drug candidates. XDR (obviously) needs effective drug treatment.

These dynamic and challenging realities, especially in resource-poor settings, makes the need for community-level: care, psychosocial support and involvement, and advocacy all the more pressing.

CORE at the Meeting: This was the second year CORE has had a Union booth in the exhibition hall. We shared it with PATH, who distributed materials from their varied and high quality TB efforts around the world. As your representative, I shared information about CORE Group and its members, the CORE Community Listserv, and the TB Working Group, as well as a working draft of our new Community Involvement paper, and the TB Case Studies. TB Working Group co-chair Elena McEwan participated in meetings of STOP TB's Advocacy, Communication and Social Mobilization Working Group. At a session hosted by the TB Education and Training Materials Group, I presented an overview of CORE Group, the TB Working Group, and our pending publication on community-based approaches to TB.

For excellent detailed web coverage of the meeting—highlights, video footage, podcasts...
<http://www.kaisernetwork.org/capetown2007/index.cfm#guide>

This report contains brief summaries of :

A. Plenary message

B. Major Themes of the Conference

- 1. MDR, XDR**
- 2. TB-HIV**
- 3. Community-Level Approaches**
- 4. Advocacy**
- 5. Human Resources**
- 6. Children**
- 7. Infection Control**
- 8. Psycho-social aspects of TB disease and treatment**

9. Nutrition

C. Sound and/or Innovative Ideas, Approaches and Publications

D. PEA: Popular or Emerging Acronyms heard round the conference

A. Plenary message from Anthony Harries, Ministry of Health, Malawi.

The major TB HIV battleground: Sub-saharan Africa

1. Big numbers of people with TB and HIV, diagnosis more difficult (smear negative more common when HIV positive, extra pulmonary TB), case fatality up, MDR & XDR up.

Strategy to address the problem:

1. TB HIV program collaboration (particularly joint M&E)
2. Reduce *HIV/AIDS patient* burden of TB by:
 - a. intensified case finding,
 - b. isoniazid preventive therapy,
 - c. infection control in health care & congregate settings.
3. Reduce *TB patient* burden of HIV by:
 - a. ensuring all patients tested & counseled thru an opt-out approach
 - b. providing cotrimoxazole preventive and ART to HIV-infected TB patients

We need to make these happen at the country level. That will require: accountability, efficient flow of funds, monitoring, supervision and leadership.

B. Major Themes of the Conference:

1. MDR, XDR

- Programs need to be ready to find, diagnosis and address MDR and XDR.
- Reduced priced drugs available, thanks to Green Light Ctte.
- Often a result of poor private care—another reason to work with private practitioners.
- Diagnosed cases may call for household level contact investigations and resultant preventative therapy, especially in high HIV settings.

2. TB-HIV. Integrated programming is called for, many models and ideas under discussion, study. Much is context specific, depending on relevant ministries and health departments, health provider capacities, patient settings, health system infrastructure.

Drugs

- Rifampin (cornerstone of current therapy) is not easily coadministered with common ART drugs.
- Treatment of the two complicated by drug interaction. Clinicians need to be ready to treat complex patients, e.g. TB-HIV coinfecting pregnant women, children.

"All the speakers during [a session focused on the issue] identified a lack of health care workers, primarily because of high attrition and staff turnover, as the major barriers to integrating services. Other factors include:

The high cost of drugs and diagnostic equipment; Stigma and discrimination that can hinder widespread testing; Weak health care infrastructures; and A lack of national guidelines, infection control measures and coordinated activities.

According to the speakers, methods of addressing these issues include providing training for health care workers and offering them incentives; increasingly involving communities in awareness efforts; establishing advisory committees and joint treatment and care centers; and standardizing guidelines." (Kimberley Lufkin, GlobalHealthReporting.org, 11/11).

From STOP TB, Constella Futures:

[Networking for Policy Change: TB/HIV Advocacy Training Manual 2007](#). "This document is adapted from [Networking for Policy Change: An Advocacy Training Manual](#), a resource for facilitators of family planning and reproductive health advocacy issues worldwide. The training manual includes information on networking, communications, and policy environments; exercises on conceptualizing, implementing, monitoring, and evaluating advocacy campaigns; and relevant materials for advocates. Facilitators can use the training techniques employed in the manual in various contexts. However, this manual is specifically adapted for trainings when TB/HIV is the focus of advocacy."

[Networking for Policy Change: TB/HIV Participant's Guide 2007](#).

3. Community-Level Approaches. A relatively new area with the world of TB, with a world of untapped power.

Most noted potential uses:

- increase awareness
- reduce stigma
- advocate for more resources
- provide links to poor or marginalized communities
- case finding
- encourage early diagnosis
- improve adherence
 - observe and record drug taking
 - treatment support
- turn liability (informal doctors) into asset

Example: Bangladesh—trained village doctors to identify suspect and refer to community center—for TB, Leprosy and Common Diseases. These doctors want training, recognition, respect, credibility. Advantages: patient friendly (no open/close hours), close to home. Affects all three key areas: costs, care, sustainability. (Dr. Hamid)

4. Advocacy. Momentum for this approach to stopping Tb is growing. The sustainable route to improved resources and quality services is demand, ranging from the community to international levels, and including all in between.

Pivotal to involve:

- the media
- former TB patients (powerful voice yet hard to find, maybe due to stigma, desire to put the difficulty behind)
- community-level players (through monitoring, project design, demanding services)

Working with the media. When CDC interacts with the media they always are prepared with a *SOCO: Single Overriding Communication Objective*. No more than 15 seconds long. (Even have a worksheet to develop it.). RESULTS has developed excellent materials and approaches to working with the media among other approaches. (www.results.org)

Advocacy through the use of Coalitions—from ACTION Session

- Have a designated person whose time is funded, to keep it moving.
- Be creative when considering possible partners
- If possible, start with a coalition that already exists that has a mission that fits with TB.
- Have a specific mission/focus/goal as rallying point, and driver.
- Hone technology and advocacy skills.
- Let those affected tell the story.

ACTION (Advocacy to Control TB Internationally) is an effort of RESULTS. New publication: **Best Practices for Advocacy: A Dozen Tactics, Tools & Strategies**. November 2007.

5. Human Resources

- Need to be protected from job-related infection
- In era of MDR, XDR, TB-HIV, more knowledge and skills needed than ever.
- More creative programming and support needed than ever to ensure quality care is possible.

Teachback Methodology. In several different sessions, PATH and the Kenyan NTP advocated for the use of the Teachback approach in TB training. This entails having participants (e.g. managers, health providers, volunteers) learn their material and then teach it to each other. In Kenya, joint TB/HIV training efforts culminated in the TB participants teaching the HIV participants about TB, and vice versa. The result in Kenya has a successful integration of HIV counseling and testing into the NTP programming.

Task analysis: The basis for development of training in management of tuberculosis. WHO. 2005. http://whqlibdoc.who.int/hq/2005/WHO_HTM_TB_2005.354_eng.pdf

A process culminating in performance-based training courses. “A large part of the development process is devoted to analysis of the tasks involved in a specific job, for example, the tasks of health workers responsible for detecting and treating patients who have tuberculosis (TB). This document provides the complete lists of the tasks that serve as the basis for the development of...courses. In addition to the task lists, this document provides lists of the skills and knowledge needed to perform the tasks.”

“These lists could be especially useful to individuals responsible for:

- developing, adapting, or reviewing training materials intended for similar target populations with similar jobs, or

- identifying staffing needs, developing job descriptions, and hiring staff to perform tasks related to management of TB.”

The government of Botswana is developing well-critiqued curricula for health service personnel based on this approach. For more on this project, contact Amara Khan of the CDC at ajk5@cdc.gov

6. Children

- Treating TB-HIV co-infected children is a challenge that needs to be faced.
- An Integrated Child Lung Health Model Program:
 - Addresses pneumonia, TB, HIV
 - In-patient
 - Based at the district hospital level
- Need new TB diagnostic tests for childhood TB
- Chemoprophylaxis and drug treatment regimen under discussion and refinement.

7. Infection Control

Administrative controls include procedures and protocols. “HIV positive health staff should not work in wards where TB patients are.”—Anthony Harries.

Environmental controls focus primarily on air quality—using surprisingly simple techniques to clean it and test that the procedures are effective. Fans. Waiting areas located outside. Open windows. And more.

Community-level IC protocols are yet to be thoroughly developed: “We’re all struggling with how to do proper community-based infection control.” –Karen Weyer, ITRC, South Africa.

Tuberculosis Infection Control: A Practical Manual for Preventing TB. A timely, easy-to-use manual on this life-and-death issue from the Francis J. Curry National TB Center:
http://www.nationaltbcenter.edu/TB_IC/

8. Psycho-social aspects of TB disease and treatment.

Stigma comes up constantly as a major barrier. FEAR leads to stigma (protecting oneself from infection).

Health workers: Same message we’ve heard many times: they must be educated to fight stigma rather than perpetuate it. Understanding the health worker perspective: often overburdened, undersupported, poorly trained.

When patients are asked: **What are your learning needs concerning TB?** The answers are wide ranging, and include: TB knowledge. Food and drink requirements. Utensil sharing. Sex. Family connections. Work possibilities.

9. Nutrition. This rarely made it onto the conference agenda, but some felt that it needs more attention in the world of TB. A few reasons: TB medications cannot be taken on an empty stomach. Good nutrition is important to facilitate the healing process. Patients are often not allowed to eat

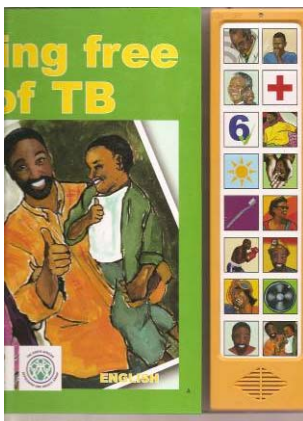
with family. Activist Ezio Santos Filho cites malnutrition as a major problem for both TB and HIV patients. One poster presentation presented research findings highlighting economic and emotional stress burdens on households, including economic hardship as a result of the need to purchase extra and better quality food for TB patients. Some programs offer food incentives to patients.

C. Sound and/or Innovative Ideas, Approaches and Publications

TB Treatment Wheel. Doctors often use a wheel type calendar to calculate due dates for pregnant women. A group in Cape Town has modified this idea to produce a wheel that helps providers and patients keep track of their course of medication, including notes on when sputum tests are due. The front has a wheel for new patients, and the back a wheel for re-treatment patients. Contact J. Caldwell/ VAMP in South Africa: 021 762 9767.



Talking Book. Did you ever see a children's book with a row of buttons down the side? Each button has a symbol that makes a corresponding noise. An NGO in South Africa has modified this "toy" to produce a health education tool. Each page of the book has a symbol; when the corresponding button is pushed, a voice reads the page out loud. Each button can produce up to 30 seconds of sound. Health workers report excellent response to these books and believe they are effective. (Note from author: I brought one home and my children went through the entire book several times on their own initiative, and learned a great deal.) Including custom design and writing and bulk ordering, the cost is about \$10 per book. They are produced by a factory in China. For more information contact Zane Wilson by email zanel@hargray.com or phone in South Africa: +27 83 321-4163. (Picture below cuts off part of the book, sorry.)



Bulletin of the World Health Organization. Volume 85, Number 5, May 2007, A-419
Special theme: Tuberculosis control. Packed with news, science, program discussions, and more.
<http://www.who.int/bulletin/volumes/85/5/en/index.html>

Best practice for the care of patients with tuberculosis: a guide for low-income countries.

International Union Against Tuberculosis and Lung Disease. 2007.

http://www.iaatld.org/pdf/Best_Practice_Guide_V6.pdf

“This guide has been developed for workers in low-income countries who are involved in detecting and caring for patients with TB in primary, community and acute (hospital) health-care settings. It aims to improve the quality of patient care and in turn improve the outcomes of TB control programs. Detailed guidance is provided regarding good practice for the management of people presenting to health services with suggestive symptoms and the ongoing care of patients with active disease.”

Hot off the presses! The next phase of the International Standards for Tuberculosis Care (ISTC): **The Handbook for Implementing the International Standards for Tuberculosis Care**, and the first iteration of the **ISTC Training Modules**. A joint effort of TBCTA, The Francis J. Curry Nat'l TB Center, UCSF, American Thoracic Society, USAID, STOP TB.

New from Activist Paul Thorn:

TB tips: advice for people with tuberculosis

November 2007. “This publication is a short booklet full of practical advice, suggestions, guidance and information in an easy to read format for TB patients.”

Overcoming Tuberculosis: A Handbook for Patients

November 2007. “This **handbook** aims to help people with TB or multidrug-resistant TB understand what TB is and how they can get the disease, how it is diagnosed, and how it is treated and cured.”

D. PEA: Popular or Emerging Acronyms heard round the conference

BOLD: Burden of Obstructive Lung Disease

BRIC: Brazil, Russia, India, China. Represents a major block of people and power not included in the G8.

3 “Cs” of TB Programming: Control, Care and Cure.

CAB: Community Advisory Board

COPD: Chronic Obstructive Pulmonary Disease (Risk factors: tobacco smoking, past TB, occupational exposure to dust/gas/vapor/fumes, cooking fire smoke, and more)

DST: Drug Susceptibility Testing

FDP: Fixed Dot Provider (Bangladesh)—village candidate to work on DOTS.

GIPA: Greater Involvement of People Living with HIV/AIDS (“*Today the GIPA principle is the backbone of many interventions worldwide. People living with, or affected by HIV are involved in a wide variety of activities at all levels of the fight against AIDS; from appearing on posters, bearing personal testimony, and supporting and counseling others with HIV, to participating in major decision- and policy-making activities.*” –UNAIDS)

IAP: Indoor air pollution

SLD: Second line drugs