

News from the partnership...

Partners Speak

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From our desk...

The first Regional Consultative Meeting of partners held at Chennai gave an opportunity for partners in the country's southern region to come together and discuss various steps to expand and strengthen the Partnership. The Partnership Secretariat has planned a similar meeting for the eastern region at Kolkata in August 2009. The outcome of these meetings will be fed into the agenda of the national partners' meeting in September.

We look forward to the joining and participation of civil society and the corporate sector in this initiative. At the same time, we also sincerely request all our partners to send us articles, news items and innovations for this Partnership newsletter.

The Secretariat of the Partnership

The First Regional Consultative Meeting of Partners, Chennai

Dealing with tuberculosis is a big challenge for the government, Principal Secretary, Health, V.K. Subburaj, said at the meeting organised by the Secretariat of the Partnership for TB Care and Control in India, in association with REACH, at the Tuberculosis Research Centre (TRC). While the Revised National Tuberculosis Control Programme (RNTCP) and, earlier, the National TB Control Programme were immensely effective in reaching out to people, it was questionable whether they could alone eradicate TB, said Mr. Subburaj. There were also concerns about HIV/TB co-infection and adherence to treatment protocols. Unless the community comes together to operate on a mission mode, we would be a long way from eradicating TB.

V. Kumaraswami, director-in-charge, TRC, explained that a revolution in chemotherapy for TB took place when the

Centre answered the question as to whether it was possible to treat patients safely at home with a resounding "yes." Until then, the patients had to be lodged in a sanatorium. Central to the Directly Observed Treatment Short Course Therapy was the supervision to ensure completion of treatment with known drugs. He reiterated the point that everyone needed to be involved in TB control, stressing on the importance of the advocacy, communication and social mobilisation (ACSM) aspect.

P.C. Bhatnagar, Chair of the Partnership Steering Committee, said that the goal of ACSM was to improve case detection and adherence; combat stigma and discrimination; empower people affected by TB; and mobilise political commitment. A partnership would be the best way to maximise effectiveness. Ideas and suggestions from regional

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workshops would be put together to form a national strategy, he said.

Subrat Mohanty, from the Partnership Secretariat, provided an overview of the civil society partnership, the progress till date and the objectives of the workshop.

Ranganadha Rao of the NGO TB Consortium spoke on the needs and expectations of NGOs - their desire to be meaningful to the community, their access to information, better linkages with government and donor agencies, and a clearer role in TB control.

P. Kuganatham, Health Officer at Chennai Corporation, said that the issue of housing rights was intricately tied up to TB and the spread of other communicable diseases. With a third of the city living in slums or cramped housing tenements, chances of infection spreading were very high. He urged the TB control programme to use the self-help group movement to spread awareness on TB and adherence to drug regimens.

K.K. Abraham, of the Indian Network of Positive Persons, said



that the networks could help in taking TB related issues to the grassroots and in treatment literacy.

The two-day meeting was concluded with a closing remark from Dr. P. R. Narayanan, former Director of TRC, who said that "good partnerships never go waste; we have to believe in the coalition". He stressed the importance of documenting evidence and showcasing relevant data and information.

Avahan -RNTCP collaboration: Role of Family Health International (FHI/India)

Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation (BMGF) was launched in 2004 to provide HIV prevention services to 2,90,000 key people at risk in the six high HIV prevalence states. FHI/India, a capacity building partner, provides technical guidelines and support to implementing partners on Sexually Transmitted Infections (STIs) and related clinical services for the key populations. FHI has been instrumental in developing a strategic national-level partnership between RNTCP and Avahan with the goal of intensified TB case finding and better access to TB treatment.



Fig 1. Training of PEs & ORWs using TB toolkit.

Some of the basic TB services provided by the Avahan programme are:

- *ICF (Intensified TB Case Finding)*: verbal screening for TB symptoms among the key populations at risk (FSWs, MSMs, IDUs) by the Peer Educators (PEs) / Outreach Workers (ORWs) in the field and by the clinical staff at the clinics.
- *Referrals*: Facilitated referrals to Designated Microscopy Centers (DMCs) for sputum smear microscopy followed by subsequent examinations as required. Formal linkages have been developed by the implementing NGOs and CBOs with RNTCP district-level units.
- *Provision of DOTS*: Some clinics/PEs have facilities for DOTS provision for confirmed TB cases, the rest are referred to a government/community-based DOTS provider.
- *Monthly reports*: Clinics maintain TB records, collate data and generate monthly reports.

A Peer Educators TB training toolkit including interactive training aids (flash cards, quiz cards, animated film) and job aids (verbal screening of TB) suitable for low literacy participants have been developed by FHI in collaboration with the Central TB Division and the World Health Organization (WHO). The training materials are generic and can be adapted by other programs for training field workers such as Accredited Social Health Activists (ASHAs).

Data from 132 NGOs operating 412 clinics and community outreach over a year's period from April 2008 to March 2009 has shown that of the 10,138 individuals identified as TB suspects, 6879 (66%) completed diagnostic procedures at the DMC. 1565 were diagnosed with TB of which 1192 (75%) were initiated on treatment.

This model of public-NGO partnership has been translated into national policy through a new RNTCP scheme for NGOs serving key populations at risk, entitled 'Delivering TB-HIV interventions to high HIV Risk Groups (HRGs)' for providing comprehensive TB care. The grant-in-aid is Rs. 1,20,000 annually per NGO covering 1000 population.

The partnership of FHI/India with the Union is a very important step in enabling FHI to tackle this global challenge and stop TB in India.

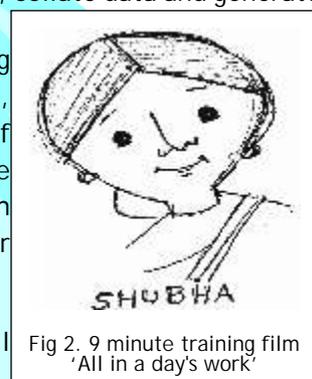


Fig 2. 9 minute training film 'All in a day's work'

Relentless spread of extensively drug-resistant tuberculosis

Around 500,000 of the 9 million new cases of tuberculosis seen worldwide each year are now due to extensively drug-resistant (XDR) strains. Canadian researchers warned recently that repeated fluoroquinolone prescriptions—routinely dispensed on an outpatient basis in Canada for community-acquired pneumonia—encourage development of resistant strains of *Mycobacterium tuberculosis* in patients with tuberculosis. “Drug resistance is largely man-made—it is vitally important to review antibiotic treatment strategies and to ensure the Stop TB Strategy is fully applied to prevent further selection of drug resistant mutants”, commented Leonard Amaral (Universidade Nova de Lisboa, Lisbon, Portugal).

XDR tuberculosis isolates are resistant to isoniazid and rifampicin (two first-line tuberculosis drugs), any fluoroquinolone, and at least one of the three injectable second-line drugs: amikacin, kanamycin, and capreomycin. Multidrug-resistant (MDR) tuberculosis isolates are resistant to isoniazid and rifampicin only. XDR tuberculosis is widespread in Europe and the Middle East. “Countries that have the highest percentage of XDR tuberculosis among their MDR tuberculosis cases include Azerbaijan (12·8%), Ukraine (15%), and Estonia (23·7%)”, reported Philip LoBue (Division of Tuberculosis Elimination, CDC, Atlanta, GA, USA). Amaral highlights Portugal as the worst-affected country in western Europe; “over 50% of MDR tuberculosis is XDR, and rates in Porto have continued to escalate but we have made some impact using control programmes in Lisbon”, he noted.

Rates elsewhere are difficult to determine. LoBue warns that “data from many parts of the world are limited or completely unavailable because of lack of access to drug-susceptibility testing”. In sub-Saharan Africa, only six countries submitted data for the 2009 WHO annual tuberculosis report and under-reporting has definitely been identified in the Middle East. “The National Reference Laboratory (NRL) for tuberculosis in Tehran, Iran, is the only NRL in the eastern Mediterranean region doing second line drug-susceptibility testing”, Parissa Farina (National Research Institute of Tuberculosis and Lung Disease, Shahid Beheshti University, Tehran, Iran) told TLID. NRLs other than those in Pakistan and Egypt do not even have the capacity for first-line drug-susceptibility testing; countries such as Afghanistan and Iraq have no idea of the extent of MDR or XDR tuberculosis. “Recently, the NRL in Tehran reported XDR tuberculosis isolates in patients from Iran, Afghanistan, Iraq, and Azerbaijan, suggesting that XDR tuberculosis has already spread widely; there are simply not the proper means to detect it”, concluded Farina.

Diagnosis of XDR tuberculosis with conventional culture-based methods takes 6–8 weeks, but more rapid molecular tests are in development. The modified Hain test can now

“identify resistance to quinolones and the newer injectable second-line drugs, as well as isoniazid and rifampicin”, reports Giovanni Battista Migliori (WHO Collaborating Centre for TB and Lung Diseases, Tradate, Italy). Andreas Sandgren (Harvard School of Public Health, Boston, MA, USA) and colleagues recently established a comprehensive database of mutations associated with tuberculosis drug resistance.

“Research that leads to new rapid diagnostics could have a great impact and a database of tuberculosis drug mutations could contribute significantly to this”, observed LoBue. William Bishai (Johns Hopkins School of Medicine, Baltimore, MD, USA) agrees, but stresses that faster diagnostics must be usable at the point of care. “Diagnostics based on breath tests or finger sticks would be ideal—a recent Médecins Sans Frontières expert panel recommended that we aim for diagnostics that can be carried in a backpack, give same day results, and function by battery for 24 h”, he says. New drugs with shorter treatment times are also needed. “Treatment for XDR tuberculosis usually requires at least 18–24 months of four to six second line anti tuberculosis drugs (linezolid, cycloserine, streptomycin, kanamycin, capreomycin, and para-aminosalicylic acid)”, explains LoBue.

Although some promising new drug candidates with new mechanisms of action are in the pipeline for tuberculosis—“emerging drugs include TMC 207, OPC67683, PA824, and meropenem and clavulanic acid”, reports Bishai—licensing and approval could take years yet, and any improvement in survival rates in the foreseeable future is unlikely. Only around 30–50% of patients with XDR tuberculosis recover, with very poor outcomes in those co-infected with HIV. Toxicity of second-line drugs is a serious problem, points out Migliori: “in our recent study of linezolid use in patients with XDR tuberculosis in four European countries, over 40% of those treated experienced major side-effects within the first 60 days of treatment, and the majority had to discontinue treatment”, he told TLID.

The glare of the media spotlight on the people who have died from H1N1 is in stark contrast with the attention paid to the many who have slipped away unnoticed during the same period as they succumbed to XDR tuberculosis.

Kathryn Senior

For more on the Stop TB Strategy see <http://www.who.int/tb/strategy/en/index.html>

For more on the National Research Institute of Tuberculosis and Lung Diseases, Iran see <http://www.nritld.ac.ir/en>

For more on the drug resistance mutation database see PLoS Med 2009; published online Feb 10; DOI:10.1371/journal.pmed.1000002

Information desk

- **The Welcome Kit for Parliamentarians was launched** on 29 July 2009 at 6.30 pm in the Speakers' Hall, Constitution Club, New Delhi. The event was organized by the Centre for Legislative Research and Advocacy (CLRA). The Partnership's Secretariat participated. A folder was developed by the Secretariat with the technical support from The Union to display and distribute among the parliamentarians.
- **The Bill & Melinda Gates Foundation is currently accepting applications to its annual Access to Learning Award (ATLA)** which recognizes the innovative efforts of public libraries and similar institutions outside the United States to connect people to information and opportunities through free access to computers and the Internet. The award is given by Global Libraries, a special initiative of the foundation's Global Development Program. The recipient of ATLA will receive US\$1 million.
Download and submit your application for the 2010 award by October 31, 2009.
www.gatesfoundation.org/atla/Pages/access-to-learning-award-overview.

- **The Stop TB Partnership has launched the 2009 Images to Stop TB Award** competition, which is now open for entries. The award, aimed at promoting the creation of outstanding photos on the prevention and treatment of TB, is sponsored by the Lilly MDR TB Partnership. Photographers are invited to submit their work for consideration. An international jury of photography experts and representatives from the UN and other partner organizations will select the winner, who will receive US \$5,000 in prize money and a US \$5,000 grant to produce a photo essay on TB.

The first edition of the award, presented at the Angkor Photography Festival in Cambodia in November 2008, was won by photojournalist Jean Chung of the Republic of Korea. Using her travel grant, Ms Chung produced a photo exhibit about TB in Rio de Janeiro, Brazil. Portions of the exhibit were included in the Images to Stop TB Exhibition, which premiered in Rio in March.

Applicants must submit a portfolio of 10 to 15 photographs depicting health-related issues. All entries must be received at the Stop TB Partnership by September 20. The winner will be announced on November 5 on the Images to Stop TB website (www.stoptb.org/images). Photos from the winner's photo essay will be exhibited in future editions of the Images to Stop TB Exhibition. For further information, please contact Judith Mandelbaum-Schmid, Senior Communications Adviser, Stop TB Partnership, +41 22 791 29 67, mobile +41 79 254 6835, e-mail: schmidj@who.int.

- **A Media Training Workshop is being organized by RESULTS Educational Fund**, with the support of Eli Lilly, to help build champions and spokespersons for TB in India. It is tentatively scheduled for September 2009. The media training is for people who could be media spokespersons, and is more of a mentoring programme.
Please contact the Partnership Secretariat for more information.
- **TBTEAM, the TB Technical Assistance Mechanism, has launched a new "one-stop" website for TB technical assistance**, designed to make it simple for regions, countries and technical assistance providers to track technical assistance activities planned around the world. The site provides information about technical assistance missions, a calendar of events of interest to people working on TB and profiles of technical assistance providers. It also maps the countries where technical partners are most active and countries where TBTEAM focal points have been established at the national level; and will display a roster of experts by area of expertise (this feature is currently under development and will soon be available).

TBTEAM, which is managed by the WHO Stop TB Department, was created by the Stop TB Partnership in 2007 to facilitate well-coordinated technical assistance for all stakeholders engaged in TB control and provide access to a network of technical partners. Its roles are to encourage planning at national, regional and global level; to help improve the efficiency of technical assistance (ensuring that needs are met while minimizing redundant missions); and promote capacity-building.

For more information, please contact tbteam@who.int.

- **The Second Regional Consultative Meeting of Partners for the eastern region** happens in Kolkata, 6-7 August 2009, at the Indian Institute of Training & Development (IITD), Srijan, Joka, Kolkotta.
The next Partnership newsletter will cover the details.

Disclaimer: The information and views expressed in the newsletter is of the authors only. The Union does not take responsibility for any of the views expressed here.

We would like to thank all our partners for sharing their stories, information and news.

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For more information contact us at:

C/O The Union South East Asia

C-6, Qutub Institutional Area, New Delhi-110016, India. Phone: + 91 11 4605 4400 Fax: + 91 11 4605 4430