

Information desk

- On 15 May'09, **UNITAID** approved fresh funding for two ongoing projects aimed at curbing MDR-TB: the *MDR-TB Scale-up Initiative* and *EXPAND-TB*. The *MDR-TB Scale-up Initiative* seeks to increase the number of patients receiving second-line drugs and improve market dynamics for these drugs. A new grant of US\$ 16,384,000 will allow the Global Drug Facility (GDF) and Green Light Committee to scale up treatment of MDR-TB in India from 2010 through 2012. Both are Stop TB Partnership initiatives hosted by WHO. The first UNITAID grant of US\$ 37.6 million for the initiative was approved last July. Its objective has been to boost the supply of drugs needed to treat MDR-TB in 17 countries, with the additional goal of achieving price reductions of up to 25% for second-line anti-TB drugs by 2010. All the countries receiving this assistance have Green Light Committee-approved MDR-TB treatment programmes in place. Some are using grants from the Global Fund against AIDS, Tuberculosis and Malaria to purchase the drugs. India, which will benefit from the expansion of the initiative, has more MDR-TB cases than any other country in the world, with an estimate of minimum 130,000 cases in 2007 alone. With the addition of India, the number of patients accessing second-line drugs through the initiative is expected to increase three-fold worldwide. This surge in demand is expected to have a favourable impact on market forces. (Source: STOP TB Partnership)
- The World Health Assembly passed a resolution WHA 62.15, "Prevention and control of multi drug-resistant tuberculosis and extensively drug-resistant tuberculosis". The Resolution agrees to strengthen measures to make access to M/XDR-TB diagnosis and quality treatment universal and endorses strict quality standards for the provision of anti-TB drugs and efforts to limit their misuse.

At the start of the Assembly, there appeared a possibility that debate on the Resolution would be deferred because of the need for extensive discussions on Influenza A (H1N1) and the fact that the Assembly had been shortened to five days. But several WHO Member States intervened; stressing that passage of this resolution was an urgent matter and could not wait. Research for new TB diagnostics, medicines and vaccines is prioritized under the resolution through support for extra financing. At the same time, WHO will also work with Member States to develop national TB response plans that will prevent more people from getting drug-resistant tuberculosis, and diagnose and treat those who do (source : STOP TB Partnership).
- Call for nominations for the Kochon Prize: The *Stop TB Partnership-Kochon Prize* supports the global fight against tuberculosis. The Prize is awarded once a year to persons, institutions or organizations that have made a highly significant contribution to combating tuberculosis. The prize consists of a medal and US\$ 65 000. Nominations for the 2009 Kochon Prize must be submitted by 23:59 GMT + 1 on 31 July 2009
- Integrating services for HIV, TB and drug users: The link between HIV, TB and injecting drug use, supported by clear statistical evidence, is loud and firm. In a series of presentations on Wednesday at the 20th International Harm Reduction conference in Bangkok, the need for an integrated programme of services was reinforced as a key required component of harm reduction. (source: Health Development Network)
- The First Steering Committee of the Partnership for Tuberculosis Care and Control was held at the Union South East Asia office on 15th May'09. Besides 8 steering committee members, Dr. L.S. Chauhan, DDG (TB), Dr. Fraser Wares and Dr. S. Sahu, WHO India, and Dr. Nevin Wilson, Director, The Union, participated in the meeting as standing invitees.

Dr. P. C. Bhatnagar was nominated Chairperson of the Steering Committee for one year. In his closing remarks, Dr. L.S. Chauhan said that we have to develop a plan for the larger partners' meeting that has been scheduled for June or July 2009. He specifically mentioned that the vision of the Partnership should also include how activities will be coordinated at the national, state and district levels. Oversight has been an important area for the steering committee members.
- India CCM meeting to review the Round 9 Global Fund proposal – The India CCM called for a meeting of the CCM members on 25th May 2009 to review the Round 9 proposal. The deadline of submission of the Round 9 proposal to the Global Fund is 1st June 2009.
- SMS Hotline - Free TB Support Service # +91-9971043320: An initiative by Ex-TB patients to help TB patients who need advice and support.

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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News from the partnership...

Partners Speak

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From our desk...

The first meeting of the Steering Committee of the Partnership for Tuberculosis Care and Control in India was held on 15 May 2009 in New Delhi. There was a shared desire and commitment in all members of the Steering Committee to move the Partnership ahead and strengthen this initiative. In a short period of time, the Partnership has created visibility at the state and national levels. Our endeavor has been to include more and more partners in this coalition, so as to support India's Revised National TB Control Programme (RNTCP) in all states of India. We believe that we will have more Partners in this effort very soon, who will meaningfully contribute to RNTCP. The Partnership Secretariat sincerely thanks all those partners who are sharing information and news in this forum. At the same time, we look forward to receiving success stories and experiences from the field.

Partnership Secretariat

TB –HIV challenges

From the time when Hippocrates described Tuberculosis, through to the TB epidemics in Western Europe and TB in the eighteenth century among urban populations, and right up to the present time, TB control has made great headway worldwide, but also continues to face new challenges every day. TB is the commonest opportunistic infection that is seen in HIV-infected individuals and is also the leading cause of death. The estimated incidence of TB in India is 1.8 million per year but this is still exclusive of HIV-infected individuals. Epidemiologically, it has been seen that one third of the population infected with HIV is also co-infected with TB. In countries of Africa with high HIV prevalence, TB incidence has also seen to be high. HIV infected individuals with TB infection (active or latent TB infection) also develop progressive TB at a faster rate than non HIV-infected individuals. It also reactivates latent TB to active TB disease in HIV-infected persons. In a country like India, where the TB infection rate is high, this dual epidemic needs to be tackled strategically.

The Ministry of health has put in substantial resources and efforts to improve coordination between RNTCP and the National Aids Control Programme (NACP) to detect the TB-HIV co-infected cases and treat them at the earliest. The clinical presentation is varied and there has been an increase in the number of smear negative and extra pulmonary cases among the TB-HIV co-infected individuals. The emergence of multi drug resistant TB (MDR TB) and extensively drug resistant TB (XDR TB) has posed the real challenge. Initiation of Antiretroviral therapy (ART) among HIV-infected TB patients has also been seen as an important determinant of survival among these patients. An observational study regarding this was conducted among HIV-infected patients living in Thailand and the above was observed. [Varma JK et al; BMJ Infect. Dis 2009 Apr 13; 9:42].

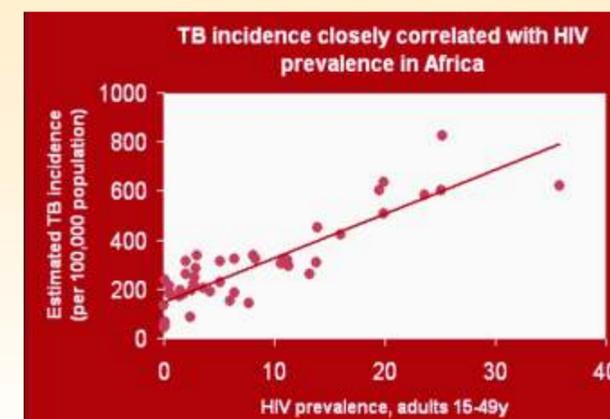


Figure 1. Relation between TB and HIV infection

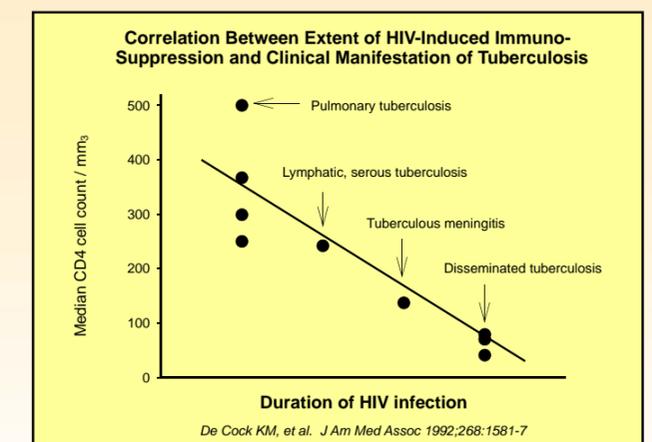


Figure 2. Correlation between HIV induced immunosuppressant and clinical manifestation of TB

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CRS-CBCI JOINT ENDEAVOUR TO COMBAT TB – AN EFFORT TO STRENGTHEN RNTCP IN WEST BENGAL

Set against the hot, dry and drought prone tribal belt of Birbhum District in West Bengal, Ahmedpur Church is a more acceptable and trustworthy DOTS center for tribal women and children suffering from TB. It provides services to complement the nearby Government Clinic, which is 3-4 km away. TB remains one of the leading causes of mortality in India.

The DOTS strategy has been implemented in India as part of RNTCP to cover the entire population of the country. Recognizing the fact that the Catholic Church plays an active role in the health promotion of the community, a large number of patients in remote areas seek treatment through them. The Catholic health facilities are gradually realizing that their involvement in RNTCP is an important contribution to the TB control program in India. Catholic Relief Service and Catholic Bishop's Conference of India Joined hands with RNTCP to provide a wide base and health care network to provide an interface for the public-private partnerships to strengthen RNTCP through the church network. The aim is to accomplish a common goal to provide uniformity in diagnosis, treatment and monitoring, so as to maximize cure and stop the spread of TB. Through the Partnership, CRS-CBCI have thus involved 8 Diocese Social Service Centres in the state of West Bengal as partners for strengthening RNTCP. Each Diocese is providing impetus to health care facilities within their districts to join and participate in RNTCP. 36 new DOTS centers are spread across 12 districts in the state. The Catholic health facilities are providing DOTS to more than 400 poor TB patients at this point of time. Referrals to Government Microscopy centers for sputum test of TB suspects and counseling TB patients for adhering to DOTS is being done through almost 200 health facilities across 19 districts, which are reaching out to the marginalized and poor tribal populations in the most difficult terrains and urban slums. The Partnership has also been a source of linking the Catholic Health Network with Government resources – with all drugs for patients now being supplied from Government sources. The Government is also trying to provide logistics and consumables support for 3 of the Catholic health facility centers for detection and follow up of TB patients. 6 more centres in 4 districts are in the process of getting Government resources for laboratories to be



upgraded as microscopy centres. This saves a large number of poor patients from travelling far to Government clinics and waiting in long queues for sputum tests. While signing MOUs with the DSSS of the Archdiocese of Kolkata, RNTCP is supporting the DSSS with a sum of Rs 80,000 per annum, and calls for ensuring DOTS coverage for 2 lakh people in principle and in practice. A commitment from the Catholic health facilities in delivering services at the highest level is expected. The CRS-CBCI partnership has also opened up unique avenues, like the signing of the MOU between the DSSS and Government of West Bengal to mobilise Rs 5 lakh per annum for the DSSS, and the Catholic network's role in placing trained laboratory technicians in 5 Government health facilities in remote and socio-economically backward pockets to make them functional and increase access to quality TB diagnostic facilities.

This Partnership has enabled access to more than 5500 field workers, rural women, and youth from slums in the Catholic network in 18 districts of West Bengal, and has provided training to mobilize communities and raise general awareness on TB. It has also motivated over 2500 Catholic school students to promote the fight against TB. A small but undaunted effort – Fighting against TB, Saving Lives.

Secretariat of the Partnership for TB Care and Control congratulates the Swiss Emmaus Leprosy Relief Work- India and the Ramakrishna Mission for being elected to the India Country Coordinating Mechanism (India CCM) from TB constituency.

Training of Trainers (TOT) for Nurses

A 4-days Training of Trainers for nurses was organised at the LRS Institute by the International Council of Nurses (ICN) and the Lilly MDR-TB Partnership. Dr. Gini Williams, TB Project Director at ICN, and faculty at the LRS Institute facilitated the training program with an objective to create a cadre of master trainers for training nurses on TB and MDR TB Guidelines and best practices in nursing care. The programme also aimed to develop and adapt the ICN module to the Indian setting, in line with RNTCP guidelines. A core group was formed to work on the development of the module. Dr. LS Chauhan, speaking in the valedictory session, expressed his happiness at this initiative that has been a long felt need and reaffirmed RNTCP's commitment to utilize the potential of nurses to the fullest.



Treatment of TB-HIV co-infection is also a very complex issue as it is associated with a high pill burden and hence involves the issue of adherence. There is also the risk of Immune Reconstitution Inflammatory Syndrome (IRIS) and the associated drug toxicities. Screening for TB in HIV-infected children has also been identified as a challenge of great magnitude [Madhi SA et al; Int J Tuberc Lung Dis; 2000 May; 4(5): 448-54]. Progressive pulmonary TB and deaths are more common in HIV-infected children. Tuberculin skin testing is of limited use in screening for TB in HIV-infected children even when using a cut-point of > or = 5 mm. These, together with the inherent problems in the prevailing health systems, call for sustained efforts. More resources and operational research studies for an equitable and successful control of this dual epidemic is needed. Hopefully, the newly formed Partnership of civil society players for TB Care and Control in India will give a broad platform to think and discuss about controlling this dual epidemic of HIV-TB co-infection in the coming days.

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Photo-Exhibition



Video and film have become the predominant forms of modern storytelling in the last twenty years but, before that, it was photography. As the saying goes, "a picture is worth a thousand words." The objective behind the project is to personalize and put a human face to TB and MDR-TB, and the fight against them. The photographer, Subhash Sharma, has harnessed the power of storytelling to bring out the challenges faced by patients and their care givers, the sheer grit and determination of ordinary people to cure themselves and the

underlying belief and hope in the power of modern medicine. This exercise took him to four cities over a month. He painstakingly took thousands of pictures depicting the various moods of those photographed. The empathetic portrayal conveys a deep sense of feeling the photographer has about his subjects. The series of photographs in black and white paints a comprehensive picture of the complex realities, and also conveys a strong sense of hope. An exhibition of these photographs was inaugurated in Delhi by the Delhi State Minister for Health and Family Welfare.

The photographer, Subhash Sharma, is a freelance photographer based in Mumbai, India, who contributes to various publications and specializes in humanistic and documentary photography. To capture the "magic of everyday life", the day-to-day existence of ordinary unimportant people who despite their hardships face life with utmost dignity and courage, photographing them in their daily environment and circumstances, is what gives him utmost joy and fulfillment. The Lilly MDR-TB Partnership takes this opportunity to thank all the people for supporting the project by agreeing to be photographed for it.

