



Why should we be angry about TB?

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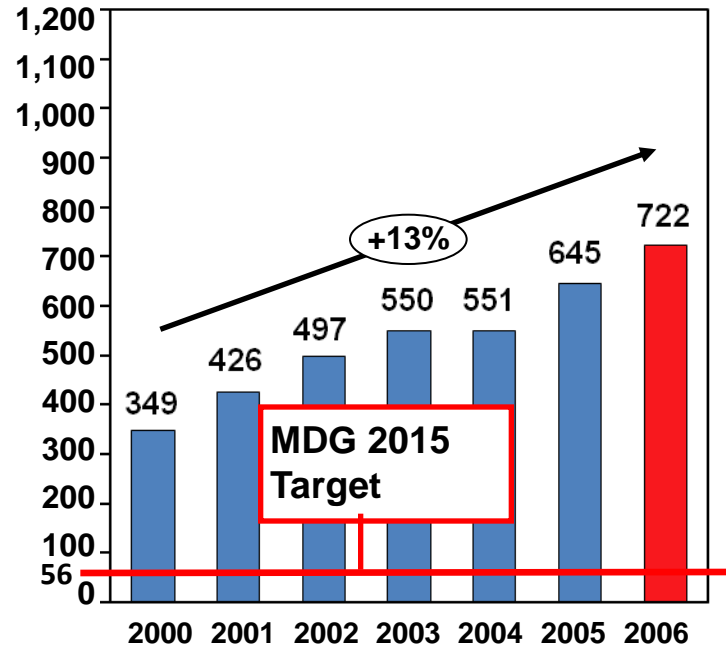
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Thanks to Kerrigan
McCarthy

- Acknowledge the people working in this field – especially at coal face

Highest TB incident and prevalence

Incidence of TB per 100,000 population



EDITORIALS



What Is Thwarting Tuberculosis Prevention in High-Burden Settings?

Edward Nardell, M.D., and Gavin Churchyard, M.D., Ph.D.

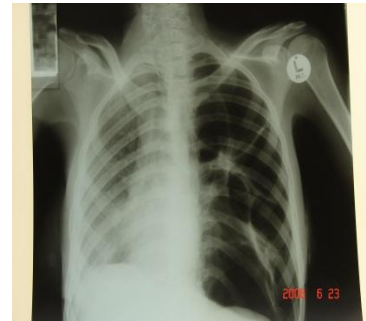
The promise of chemoprophylaxis for tuberculosis is undermined by the increased risk of HIV coinfection leads to substantial

Which disease would you rather
a close family member have,
poor and living in a shack?



HIV positive without TB

Or



?

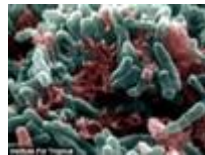
TB without HIV

Science



HIV

- Basic science well understood



TB

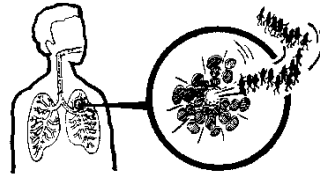


- Transmission events only recently challenged
- Big breakthroughs often from units doing HIV work

Diagnosis and monitoring



HIV



- Highly accurate diagnostics
- NO presumptive treatment
- Excellent monitoring tools on treatment
- Strong researcher/activist/ policy push for better PoC, reliable diagnostics

TB



- Diagnostic, till recently, poor sensitivity
- Presumptive therapy the norm in HIV, paed
- Monitoring tools poor

Treatment



HIV

- Rapid evolution – once daily tablet
- Multiple new drugs brought to market rapidly
- Freely available



TB



- Combination therapy
- TMC – been bumbling around for a decade, ‘not allowed’
- Treatment not paid by medical aids – must be done through state clinics



Drug resistance



HIV

- Robust 2nd line
- Toxicity +
- Managed in primary care

TB

- Poor 2nd line
- Toxicity +++++, requires hospitalisation
- Managed in specialised hospitals



Adherence support

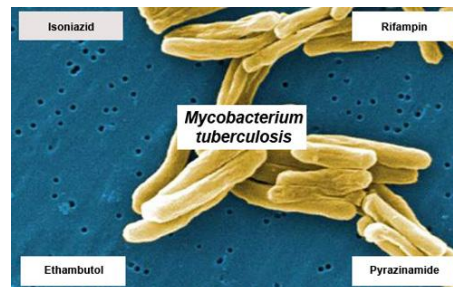


HIV

- Individualised, counselling varies but generally intense
- Adherence >90% at year one

TB

- Directly Observed Therapy (DOTS) – not evidence based



Outcomes



HIV

- SA Coverage varies, but 60% and heading upwards
- 90% alive, viral load undetectable in most

TB



- Coverage varies, difficult to know how many 'missed'
- In some of SA: 30% 'cured'

Prevention



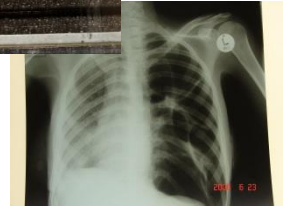
HIV



- Tools available: No evidence of adult impact
- PMTCT, circumcision, treatment as prevention - All being implemented AT SCALE
- Nosocomial transmission minimal, programmes in place



TB



- Tools available: No evidence of impact
- 3 I's - Not a functional programme AT SCALE in sight
- Nosocomial problem rampant; no programme in place

Human rights and activism



HIV

- Huge focus

TB



- ?

But why has there been so little progress with TB?

- Lack of attention – poor persons disease, ‘invisible’ patients, no developed world poster patients
- Lack of money
- BUT...

But why has there been so little progress with TB?

- Lack of attention – poor persons disease, ‘invisible’ post developed world poster patients
- Lack of money
- BUT...
- “Its too expensive!” – senior WHO TB rep

CAN YOU IMAGINE
A WORLD WITHOUT TB?
WE CAN.



Stop TB Partnership

But is it just TB?

- “My patient with fully drug sensitive TB at Baragwanath Hospital is more likely to die than an XDR TB patient in Peru”
 - “Most of my patients who die with fully drug sensitive pulmonary TB, never had a sputum taken or even seen a TB nurse”
- Dr Andrew Black

**How will
GeneXpert
help?**

But is it just TB?

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**Leadership failure,
management failure,
accountability failure,
systems failure**

“Integration” confusion

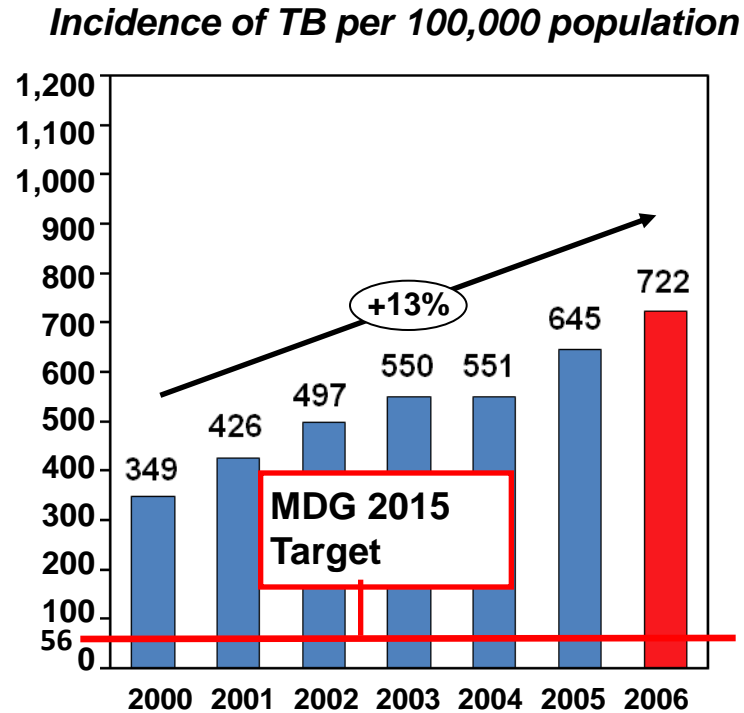
- = the TB programme lecturing the HIV programme
- Essentially, all the things the TB programme doesn't do at all – 3 Is in the HIV programme
- HIV world knows better than anyone about integration and the complexities...
- HIV world does TB by reflex; NOT vice versa

What can my TB-positive family member look forward too?

- Access to Africa's most expensive TB programme
- Late diagnosis
- Probably inadequate adherence counselling, inadequate support
- 'DOTS' and probably loss of their job
- Low cure rates, very toxic drugs, incarceration
- "Integration" by people with no track record
- Long term lung damage



You're being too negative!



Civil Society challenge

- We need more single minded focus on TB
- We are part of the problem – because each organisation has such a big portfolio
- ? Role for a new angry voice, supported by traditional civil society?
- TB deserves more ambition

Lancet 2006: “Public Health negligence”