Why should we be angry about TB?

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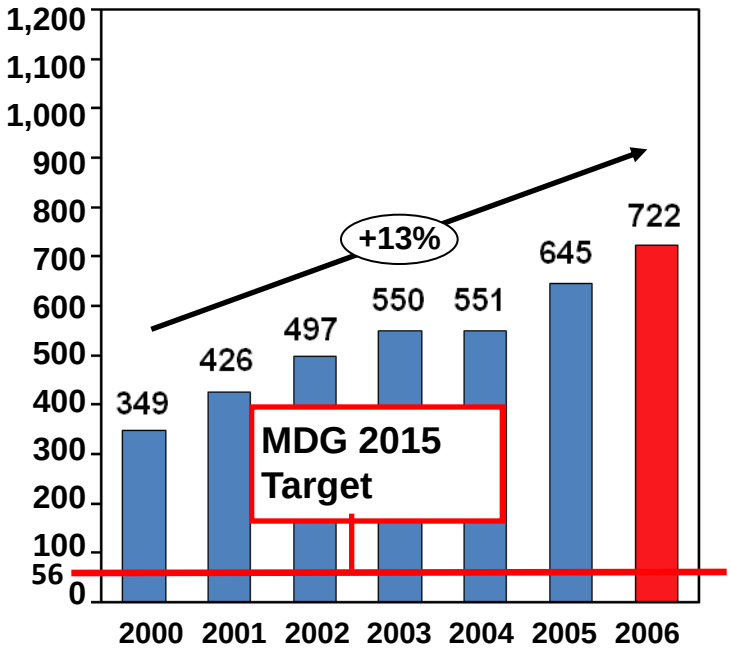
Thanks to Kerrigan McCarthy

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

Highest TB incident and prevalence

Incidence of TB per 100,000 population



What Is Thwarting Tuberculosis Prevention in High-Burden Settings?

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

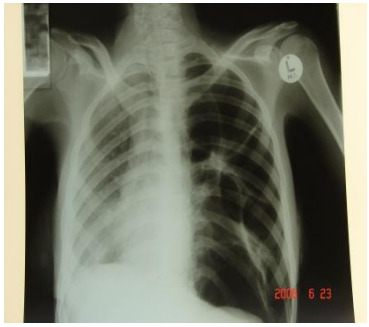
The promise of chemoprophylaxis for tuberculo- ed risk of HIV coinfection leads to substantial

Source: Health Systems Trust reported 722 number; WHO: Global Tuberculosis Control, Surveillance, Planning, Financing reported

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

HIV positive without TB

Or



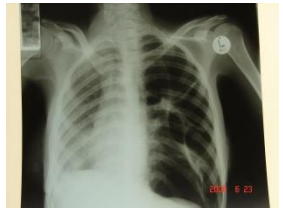
TB without HIV

?

Science

HIV

- Basic science well understood

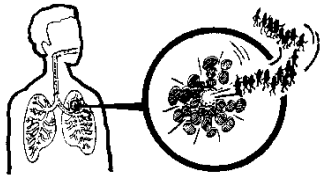


TB

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

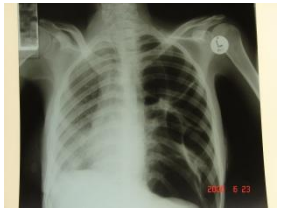
Diagnosis and monitoring

HIV



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

TB

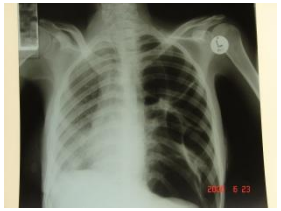


- Diagnostic, till recently, poor sensitivity
- Presumptive therapy the norm in HIV, paeds
- Monitoring tools poor

Treatment

HIV

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



TB

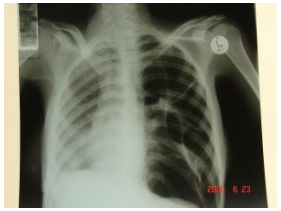
- Combination therapy
- TMC – been bumbling around for a decade, ‘not allowed’
- Treatment not paid by medical aids – must be done through state clinics

Drug resistance

HIV

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

TB

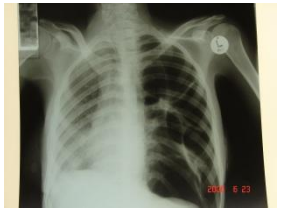


- Poor 2nd line
- Toxicity ++++, requires hospitalisation
- Managed in specialised hospitals

Adherence support

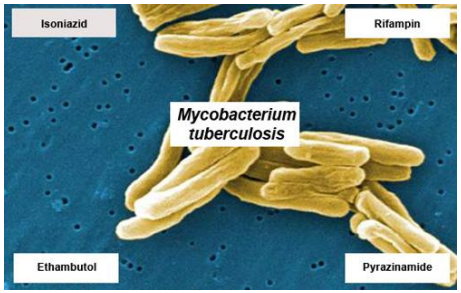
HIV

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



TB

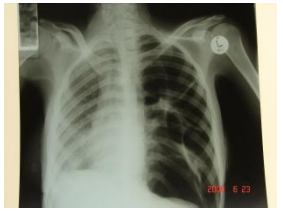
- Directly Observed Therapy (DOTS) – not evidence based



Outcomes

HIV

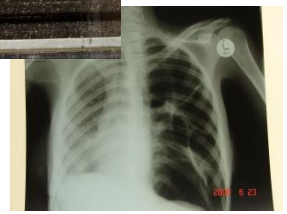
- SA Coverage varies, but 60% and heading upwards
- 90% alive, viral load undetectable in most



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

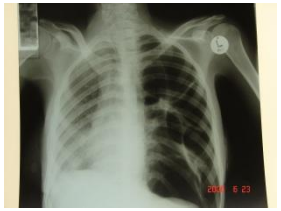
- Tools available: No evidence of impact
- 3 I's - Not a functional programme AT SCALE in sight
- Nosocomial problem rampant; no programme in place

Human rights and activism

HIV

- Huge focus

TB



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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' pa
  developed world poster patients
- Lack of money
- BUT…
- "Its too expensive!" – senior WHO TB rep

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

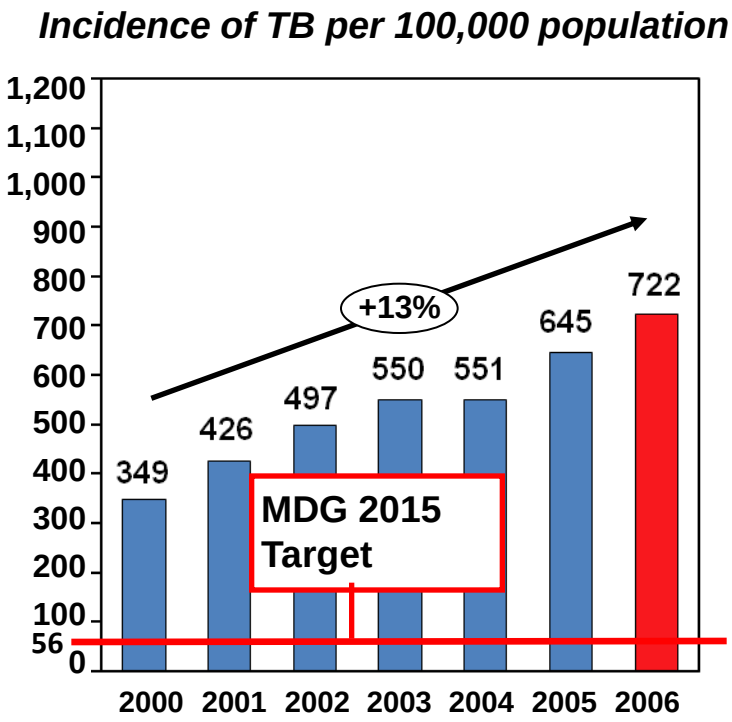
“Integration” confusion

- = 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!



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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”