Tuberculosis, COVID-19 and the Deadly Divide: TB Commitments Vs TB Realities

James Malar
Stop TB Partnership, Geneva
April 2021
Tuberculosis (TB) has been the **leading cause of death** from a single infectious disease

10 million people develop TB each year, 1.5 million die from TB

1 in 4 people (nearly 2 billion) in the world carry latent TB infection

#TheClockIsTicking
to reach the #TBTargets2022
The World of COVID-19

The World of Tuberculosis
# Tuberculosis and COVID-19 – more in common than you think

## Illustrative

### Common manifestations

<table>
<thead>
<tr>
<th>Description</th>
<th>Illustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne infections transmitted through breath</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Causing similar symptoms (e.g., cough, fever)</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Affecting primarily the respiratory tract</td>
<td>![Icon]</td>
</tr>
</tbody>
</table>

### Common responses

<table>
<thead>
<tr>
<th>Description</th>
<th>Illustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Tracing</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Masking</td>
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<tr>
<td>Isolating</td>
<td>![Icon]</td>
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<tr>
<td>Airborne infection control</td>
<td>![Icon]</td>
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**INTEGRATED APPROACH FOR PREVENTION AND CARE OF LETHAL RESPIRATORY INFECTIONS – COVID-19, TB AND FUTURE AIRBORNE PANDEMICS**
Forward-looking interventions for prevention and care of airborne respiratory infectious diseases

Interventions should focus, at a minimum, on the following:

- **Implement massive community and primary health care level screening.** People with a cough and fever should be tested for both TB and COVID-19, using the latest laboratory tests and imaging techniques, and contact tracing should be initiated. For this to happen at scale, all primary health care units need to be equipped with diagnostics (Xpert, Truenat, RT-PCRs and Rapid Tests, ultraportable X-ray with automated reading), including adequately equipped mobile vans providing outreach into communities, investment in building strong and resilient community systems.

- **Implement airborne infection prevention and control measures in all health care units and in congregation settings.** These include ventilation measures, upper-air ultra-violet germicidal irradiation, personal protective equipment and more. The experience and expertise of TB programs in this area will be of great benefit for scale-up.

- **Implement real-time surveillance data with early warning systems for data-driven and agile public-health decision making.** Such data should be generated from public and private care providers and laboratories, as well as community led monitoring from affected community members of barriers to access.
UNHLM declaration para 30: “Commit to finding the missing people with tuberculosis . . . . .”

Unprecedented decline in missing people with TB in the last few years

Missing people with TB in 30 HBCs (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Missing People (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3.8</td>
</tr>
<tr>
<td>2016</td>
<td>3.5</td>
</tr>
<tr>
<td>2017</td>
<td>3.4</td>
</tr>
<tr>
<td>2018</td>
<td>2.8</td>
</tr>
<tr>
<td>2019</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Missing people with TB in 30 High Burden Countries declined by **1.4 million** between 2015 and 2019, maximum decline in 2018 and 2019.

30 HBCs account for over 80% of global TB burden

Source of data: publicly available data from WHO

Missing people is the gap between estimated incidence and notification of TB
In 2020 sharp decline in TB diagnosis and enrolment on treatment due to COVID-19

First seen in publicly available real-time TB notification data in India

70% decline between week number 10 & 15

Later reported by other high TB burden countries

Source of data: Nikshay real-time TB information system, India
Summary results – at global level

- Scenario of 3 months lock down and 10 months restoration:
  - Between 2020 and 2025:
    - Additional **6.3 million** people will develop TB
    - Additional **1.4 million** people will die of TB
  - Setback of at least **5 to 8 years** in the fight against TB
    - TB incidence levels per unit population will increase to the levels seen 5 to 8 years ago
  - Each month of extra lockdown and extra restoration time will result in more people developing TB and more TB mortality


- Stop TB Partnership
- Imperial College,
- Avenir Health,
- Johns Hopkins University
- USAID

http://stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf

L. Cilloni et al. / EClinicalMedicine 28 (2020) 100603
TB COMMUNITY PERSPECTIVES

75% of advocates from Global Fund eligible countries reported a decrease in TB testing during the pandemic.

73% reported people with TB to be facing significant challenges accessing treatment and care.

Advocates

53% from Global Fund implementing countries said funding for TB was diverted to the COVID-19 response.

51% said donor support for TB had decreased.

Policy and Program Officers

65% from Global Fund implementing countries said funding for TB was being diverted for the COVID-19 response.

All groups called strongly for additional funding and increased resources to respond effectively and safely to both COVID-19 and TB.
Other impacts of COVID-19 on TB

• Other components of TB responses: DR-TB treatment, TPT, private sector TB care, etc

• Increased mortality in people with both TB and Covid-19
  • Reported from Kerala (India) and South Africa

• Impact of Covid-19 on enabling environments
  • Stigma and discrimination
  • Mental health support
  • Human rights and gender related barriers

• Impact of Covid-19 on the drivers of TB
  • Undernutrition
  • Poverty
Double pandemic of respiratory infectious killers

In 2020, at global level, COVID-19 replaced TB as the most common cause of death from a single infectious disease.

However, in Global Fund eligible countries TB deaths far exceeded Covid-19 deaths.

Opinion: The fight against TB, paused by COVID-19, must resume

By Dr. Harsh Vardhan, Dr. Lucia Ditiu // 18 February 2021

“A 20% global drop in TB treatment enrollment pushes the TB response to 2008 levels in terms of people diagnosed and treated. **Twelve years** of hard work and investments are simply lost,........”

“An **early lesson** is that recovery efforts succeed with political leadership and substantial resources, along with an insistence that COVID-19 outreach and prevention efforts include TB work, instead of replacing it.”

“We call on ministers of health from countries with the biggest recent decline in TB diagnosis and treatment to join India and urgently — within the next six weeks — develop and execute operational **recovery plans**.”
Building back better and smarter
Interventions to address Covid, TB and future airborne pandemics

Screening and testing:
- Integrated screening & testing for respiratory symptoms
- “Bi-directional testing” – for both TB and Covid-19
- Scale up of rapid molecular testing platforms, e.g. Xpert & Truenat which can test for TB and Covid-19
- A.I. based ultraportable chest X-ray system for both
- Mobile vans with onboard diagnostics

Tracing:
- Investment in building contact tracing systems

Surveillance
- Realtime data for agility in planning and response

Models of care
- Home and community-based care model
- Telehealth/digital tools
- Masking, social distancing/isolating and airborne infection control and prevention

Investment in community health systems
- Community-led monitoring
- Community networks for advocacy and communication
- Human rights and gender related barriers to health and social protection systems
- Mental health support, legal aid etc.
“Ensure that TB prevention and care are safeguarded in the context of COVID-19 and other emerging threats”

“Leverage Covid-19 as a strategic opportunity to end TB”
Purpose of Deadly Divide: TB Commitments vs TB Realities

This **Communities Report** does the following:

- **It gives a voice to those most directly affected by TB** – people who are often left behind. It is a first for the TB community.

- **Progress report of the pivotal role played by communities/civil society** in **following up and monitoring** the implementation of the *Political Declaration* and holding stakeholders to account.

- **It is part of the global community’s accountability process** – now and in coming years

- **It aims to complement** the 2020 UN Secretary General’s Progress Report by providing an alternative and complementary view

- **Status update on the Declaration’s targets and commitments**, through the lens of affected communities and civil society
Over 150 civil society and affected community partners provided inputs through surveys, written submissions and interviews.

They are from over 60 countries, covering Asia-Pacific; Anglophone, Franco Lusophone Africa; the Americas, Eastern Europe Central Asia; Middle East North Africa; as well as donor countries.
Calls to Action

• INTRODUCTION
• Background to Communities Report
• Purpose of Communities Report
• Methodology for Communities Report

• PROGRESS TOWARDS THE POLITICAL DECLARATION
• Overview
• Area for action 1: Reaching all people through TB diagnosis, treatment, care and prevention
• Area for action 2: Making the TB response rights-based, equitable and stigma-free, with communities at the center
• Area for action 3: Accelerating the development of essential new tools to end TB
• Area for action 4: Investing the funds necessary to end TB
• Area for action 5: Committing to accountability, multi-sectorality and leadership on TB
• Area for action 6: Leveraging COVID-19 as a strategic opportunity to end TB

• CALL TO ACTION

• ANNEXES:
• Methodology
• Policies Checklist
• References
Key messages

- There have been important advances by governments/member states in all *Areas of Action* in 2018-2020.

- But progress is too little and too slow – with a ‘deadly divide’ between commitments and results, hitting hardest at key and vulnerable communities.

- The role, engagement and funding of TB affected communities and civil society is essential to the scale and quality of policies and programmes needed – reinforcement of people-centred TB response

- The introduction and scale-up of Community, Rights and Gender (CRG) initiatives are shaping national TB strategies and the trajectory of the epidemic for the better.

- Accountability for the response to TB remains weak, with multi-sectoral and high-level leadership often inadequate.

- Funding for TB is inadequate. Donors and multilaterals need to increase investments in the response, in affected communities/civil society, in research and development, and in market expansion for new tools

- COVID-19 has disrupted everything. It is reversing the gains made in the response to TB, but is also an opportunity to ‘build back better’.
Key links for Deadly Divide report

• The report is available in French, Spanish, Russian, Portuguese and Arabic.
  • [http://www.stoptb.org/communities/divide.asp](http://www.stoptb.org/communities/divide.asp)
• A briefing for parliamentarians is currently being finalized by the Global TB Caucus to be launched in April.

• The report is accompanied by an Advocacy toolkit in several languages which you can utilize as follow up:
  • [https://spark.adobe.com/page/x0077R2TspnY9/](https://spark.adobe.com/page/x0077R2TspnY9/)
Conclusion

• Profound impact of COVID-19 pandemic on TB responses in countries
  • Progress rolled back 5 to 12 years
• Financing, political commitment and communities needed for recovery
• We must learn and build a system for the world to defend against airborne infections – TB, Covid-19 and any future airborne pandemic
• In this context, 6 Calls to action of *Deadly Divide: TB Commitments vs. TB Realities* has never been more important.
• And, we must ensure that these TB targets and commitments feature in political declaration of the 2021 UN High Level Meeting on HIV / AIDS and in the **C19RM Global Fund funding requests** (April / May 2021)
Thank you