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

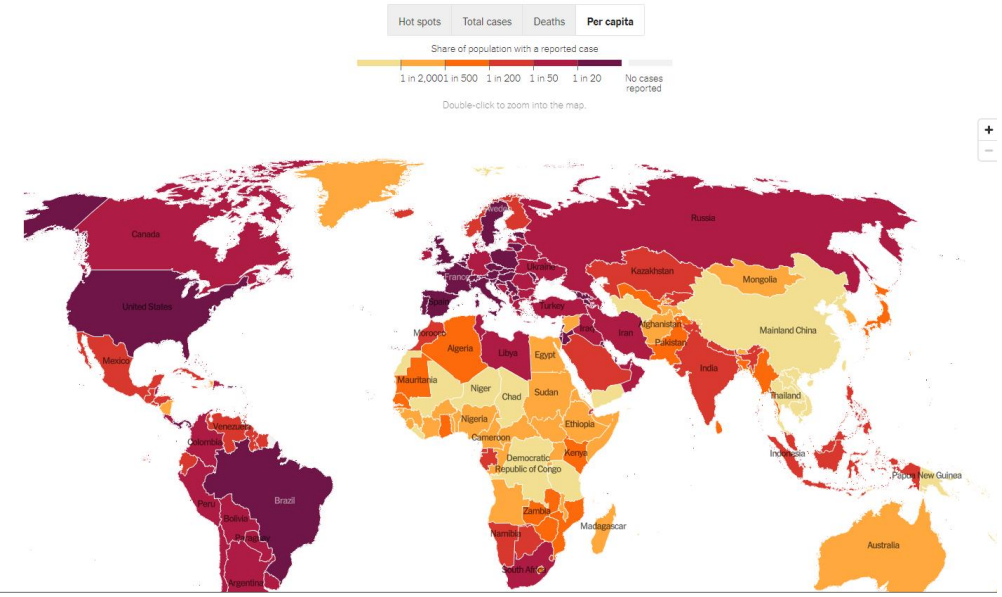
Stop TB Partnership

#TheClockIsTicking

to reach the #TBTargets2022

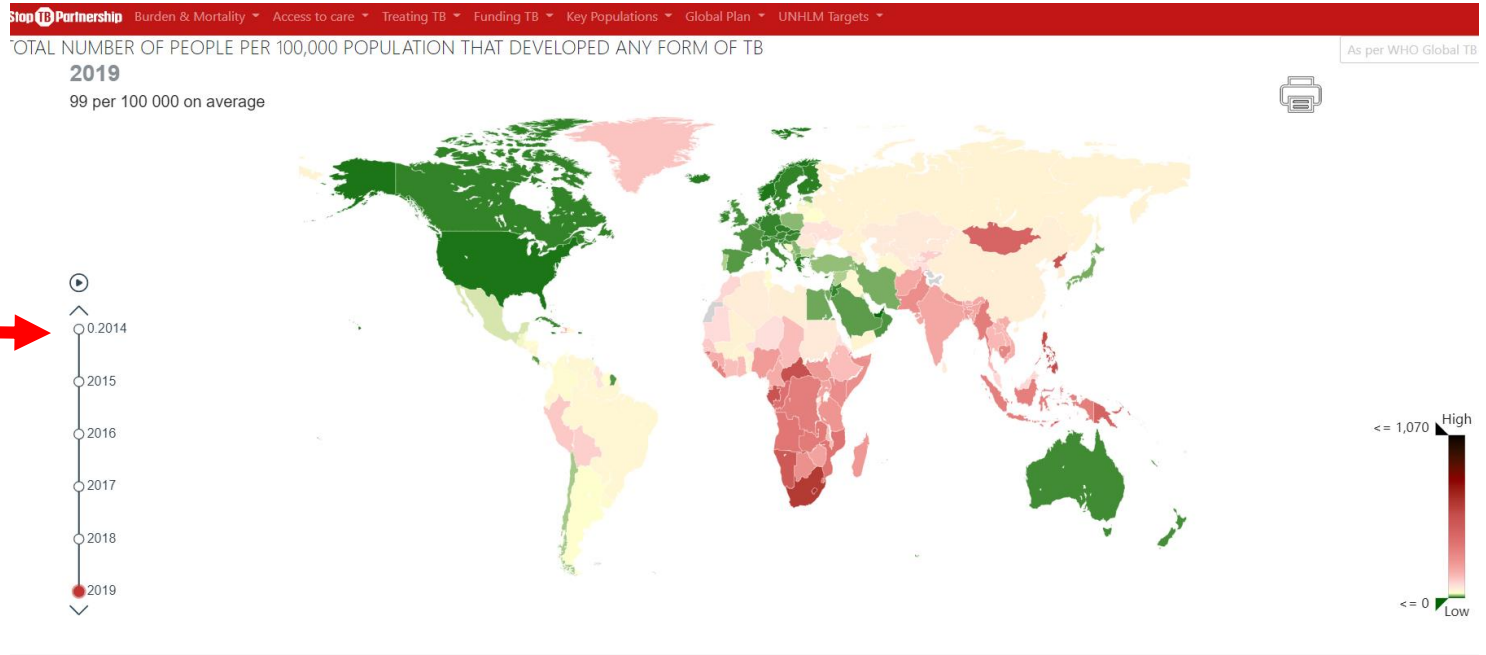
WORLD TB DAY
March 24

END TB



The World of COVID-19

The World of Tuberculosis



Tuberculosis and COVID-19 – more in common than you think

Illustrative

Common manifestations

- Airborne infections transmitted through breath
- Causing similar symptoms (e.g., cough, fever)
- Affecting primarily the respiratory tract

Common responses

- Testing
- Tracing
- Masking
- Isolating
- Airborne infection control

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

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.....”

United Nations A/RES/73/3

General Assembly

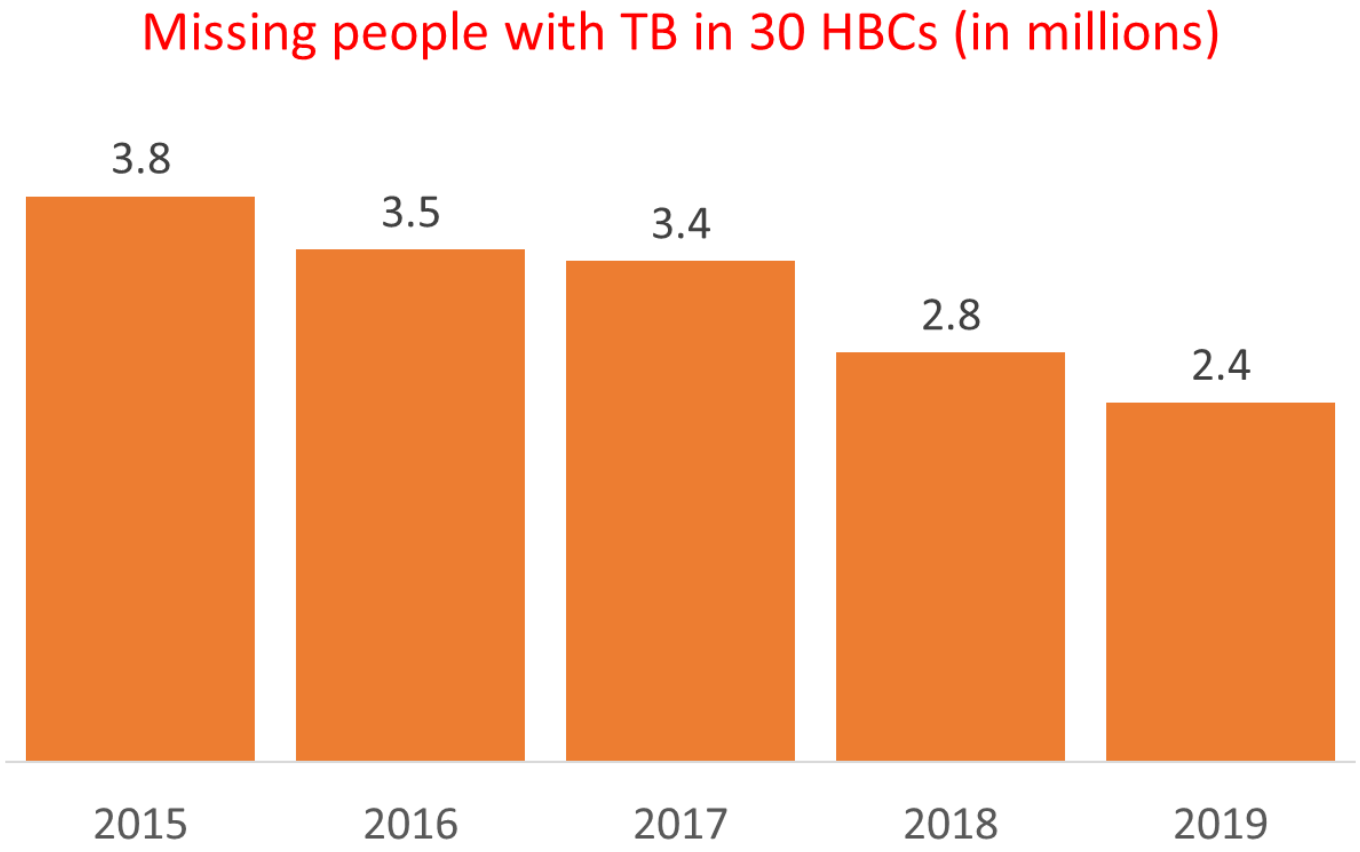
Resolution adopted by the General Assembly on 10 October 2018

73/3. Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

United to end tuberculosis: an urgent global response to a global epidemic

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

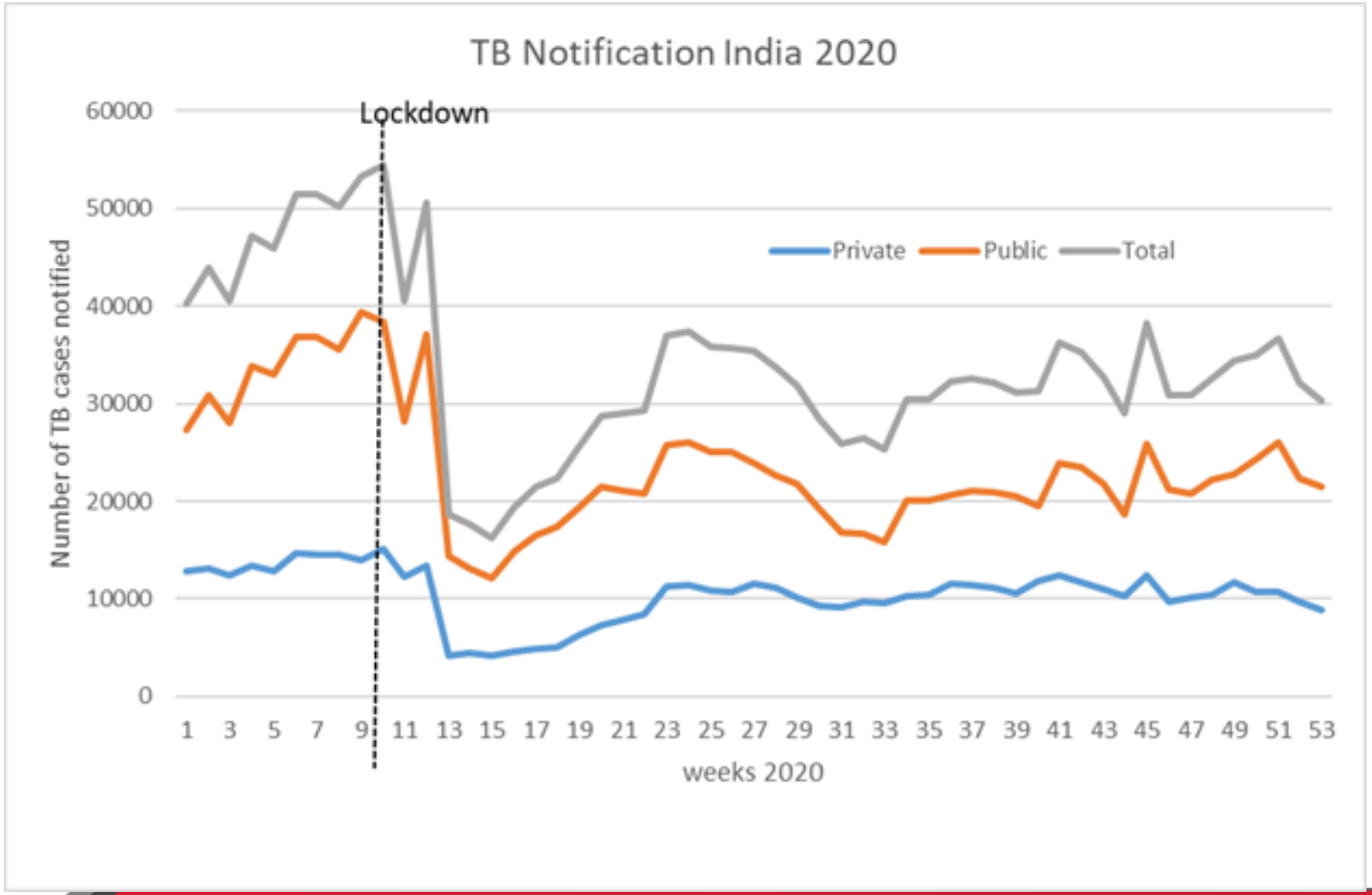


Missing people with TB in 30 High Burden Countries declined by **1.4 million** between 2015 and 2019, maximum decline in 2018 and 2019

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

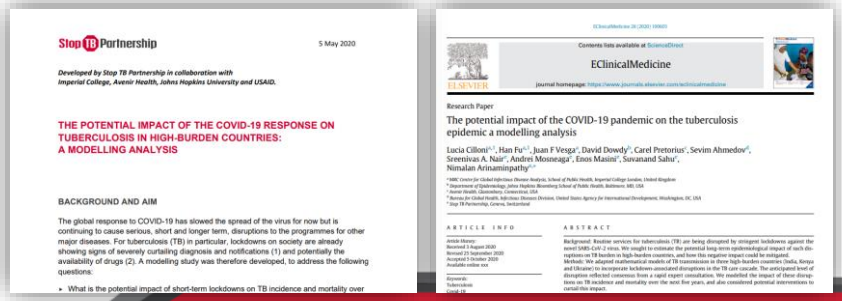
70% decline between week number 10 & 15

Later reported by other high TB burden countries

Source of data: Nikshay real-time TB information system, India

May 2020: Potential Impact of Covid-19 Response on TB in High Burden Countries – A Modelling Analysis

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



Stop TB Partnership 5 May 2020

Developed by Stop TB Partnership in collaboration with Imperial College, Avenir Health, Johns Hopkins University and USAID.

THE POTENTIAL IMPACT OF THE COVID-19 RESPONSE ON TUBERCULOSIS IN HIGH-BURDEN COUNTRIES: A MODELLING ANALYSIS

BACKGROUND AND AIM

The global response to COVID-19 has slowed the spread of the virus for now but is continuing to cause serious, short and longer term, disruptions to the programmes for other major diseases. For tuberculosis (TB) in particular, lockdowns on society are already showing signs of severely curtailing diagnosis and notifications (1) and potentially the availability of drugs (2). A modelling study was therefore developed, to address the following questions:

- What is the potential impact of short-term lockdowns on TB incidence and mortality over

EClinicalMedicine

journal homepage: https://www.journals.elsevier.com/eclinicalmedicine

Research Paper

The potential impact of the COVID-19 pandemic on the tuberculosis epidemic a modelling analysis

Lucia Cilloni[a,*], Han Fu[a,*], Juan F Vesga[a], David Dowdy[b], Carel Pretorius[c], Sevim Ahmedov[d], Sreenivas A. Nair[e], Andrei Mosneaga[f], Enos Masini[g], Suvanand Sahu[c], Nimalan Arinaminpathy[a,e]

ARTICLE INFO

ABSTRACT

Background: Routine services for tuberculosis (TB) are being disrupted by stringent lockdowns against the novel SARS-CoV-2 virus. We sought to estimate the potential long-term epidemiological impact of such disruptions on TB burden in high-burden countries, and how this negative impact could be mitigated.

Methods: We adapted mathematical models of TB transmission to three high-burden countries (India, Kenya and Ukraine) to incorporate lockdown-associated disruptions in the TB care cascade. The anticipated level of disruption reflected consensus from a rapid expert consultations. We modelled the impact of these disruptions on TB incidence and mortality over the next five years, and also considered potential interventions to curtail this impact.

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

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**

● Strongly disagree ● Disagree ● Somewhat disagree ● Neither agree or disagree ● Somewhat agree ● Agree ● Strongly agree

IMPACT ON TB RESEARCH

My TB research involving human subjects has been significantly interrupted or delayed during COVID-19.
11 N/A

4.8% 4.8% 6.5% 3.2% 14.5% 12.9% 53.2%

My TB research involving laboratory procedures has been significantly interrupted or delayed during COVID-19.
16 N/A

7% 5.3% 5.3% 3.5% 12.3% 15.8% 50.9%

Travel bans have made it very difficult for me to travel for TB research-related activities (e.g. field research, conferences, academic lectures etc.).
4 N/A

1.4% 5.8% 1.4% 1.4% 8.7% 17.4% 63.8%

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

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

POLICY AND PROGRAM OFFICERS

65% FROM GLOBAL FUND IMPLEMENTING COUNTRIES

said funding for TB was being **diverted** for the COVID-19 response

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

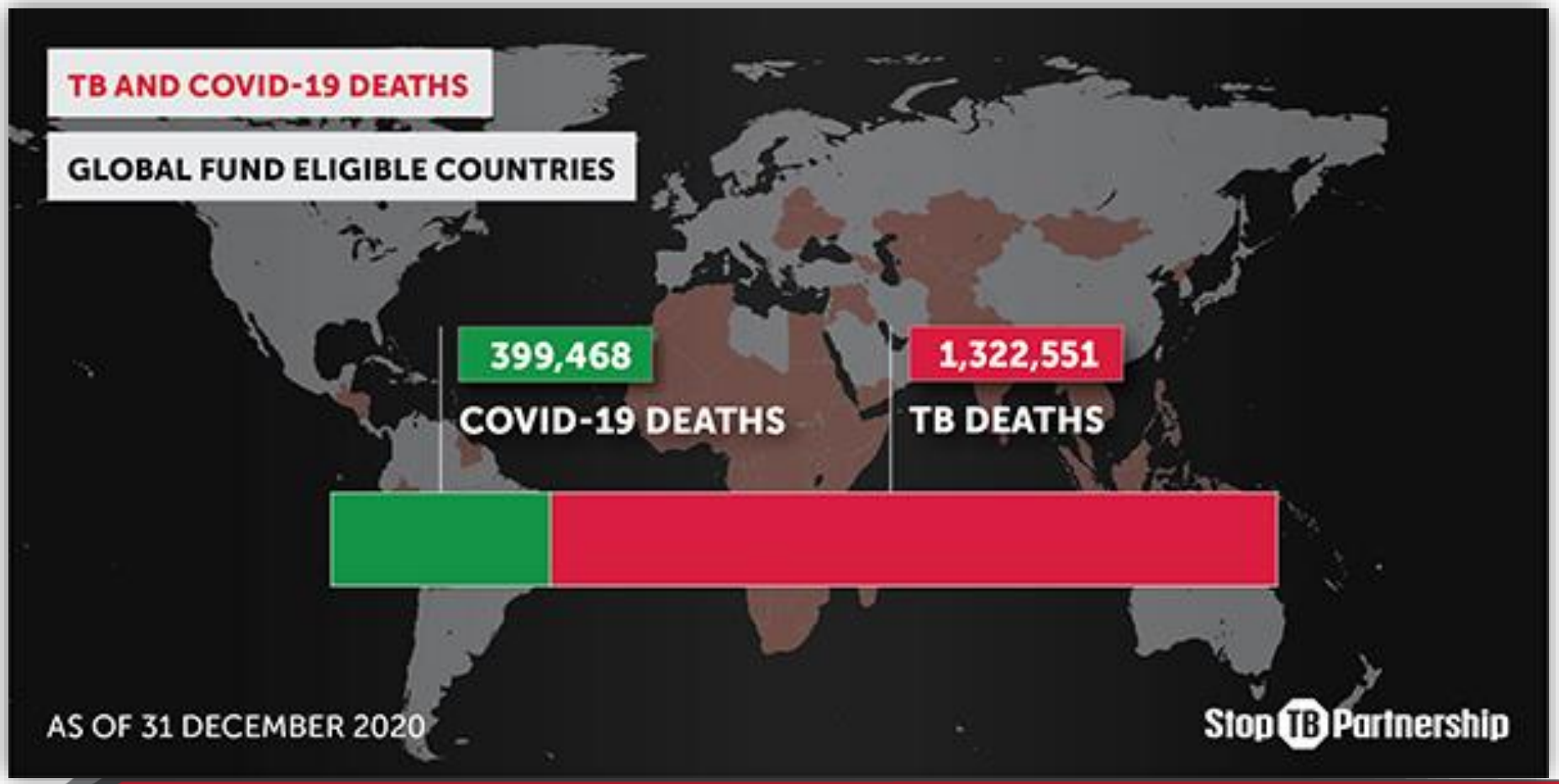
- Impact of Covid-19 on enabling environments
  - Stigma and discrimination
  - Mental health support
  - Human rights and gender related barriers

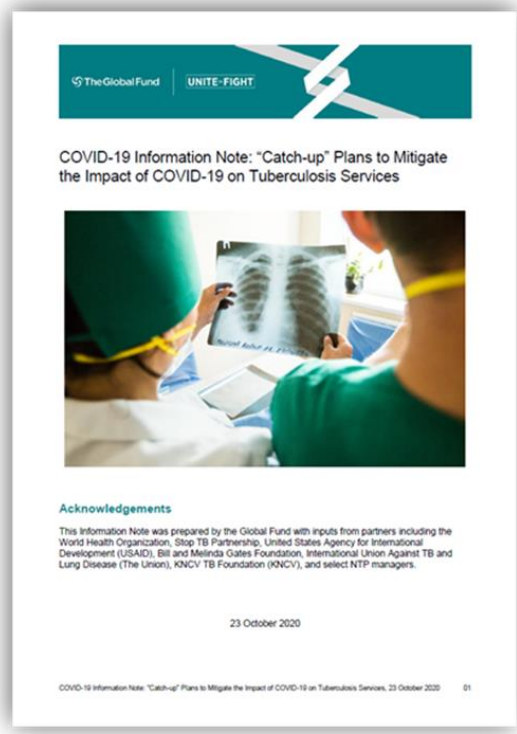
- Impact of Covid-19 on the drivers of TB
  - Undernutrition
  - Poverty

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




The Global Fund | UNITE-FIGHT

COVID-19 Information Note: "Catch-up" Plans to Mitigate the Impact of COVID-19 on Tuberculosis Services

Acknowledgements

This Information Note was prepared by the Global Fund with inputs from partners including the World Health Organization, Stop TB Partnership, United States Agency for International Development (USAID), Bill and Melinda Gates Foundation, International Union Against TB and Lung Disease (The Union), KNCV TB Foundation (KNCV), and select NTP managers.

23 October 2020

COVID-19 Information Note: "Catch-up" Plans to Mitigate the Impact of COVID-19 on Tuberculosis Services, 23 October 2020 01

http://www.stoptb.org/assets/documents/covid/covid19_tuberculosisservicesimpact_guidancenote_en.pdf

GLOBAL VIEWS | TUBERCULOSIS

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

By **Dr. Harsh Vardhan, Dr. Lucica Ditiu** // 18 February 2021

https://www.devex.com/news/opinion-the-fight-against-tb-paused-by-covid-19-must-resume-99090

"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

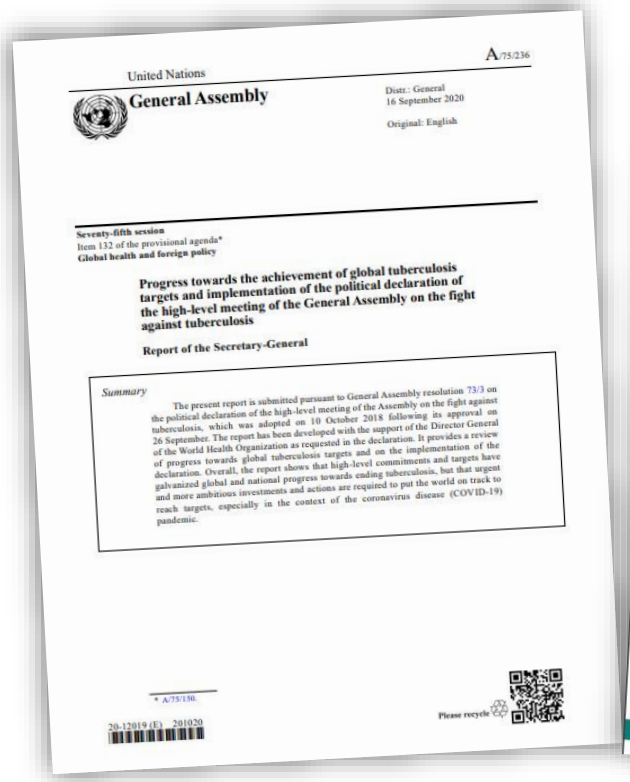
Investment in community health systems

- 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.

UNHLM TB: Progress Reports in 2020

UNSG Report

"Ensure that TB prevention and care are safeguarded in the context of COVID-19 and other emerging threats"



United Nations

A/75/236

General Assembly

Distr.: General
16 September 2020

Original: English

Seventy-fifth session
Item 132 of the provisional agenda*
Global health and foreign policy

Progress towards the achievement of global tuberculosis targets and implementation of the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 73/3 on the political declaration of the high-level meeting of the Assembly on the fight against tuberculosis, which was adopted on 10 October 2018 following its approval on 26 September. The report has been developed with the support of the Director General of the World Health Organization as requested in the declaration. It provides a review of progress towards global tuberculosis targets and on the implementation of the declaration. Overall, the report shows that high-level commitments and targets have galvanized global and national progress towards ending tuberculosis, but that urgent and more ambitious investments and actions are required to put the world on track to reach targets, especially in the context of the coronavirus disease (COVID-19) pandemic.

* A/75/150.

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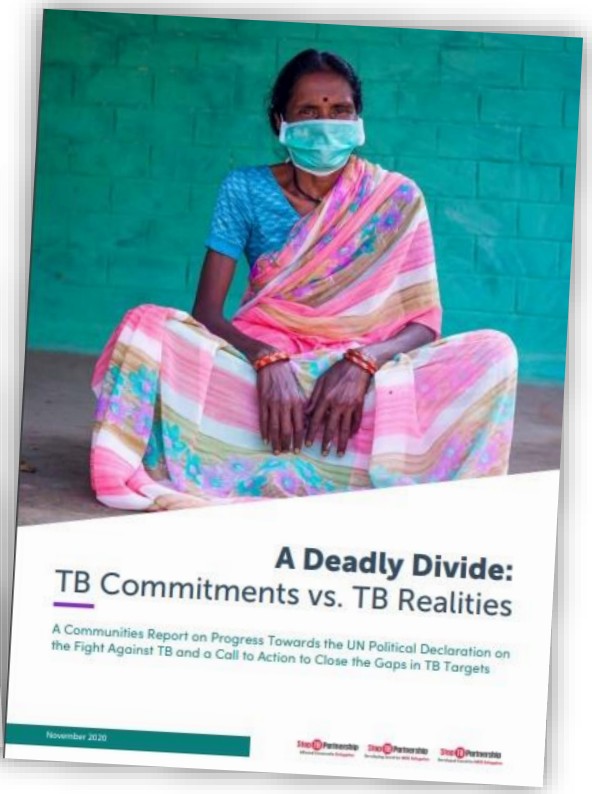
Deadly Divide Community Report



A Deadly Divide:
TB Commitments vs. TB Realities

A Communities Report on Progress Towards the UN Political Declaration on the Fight Against TB and a Call to Action to Close the Gaps in TB Targets

November 2020

"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.

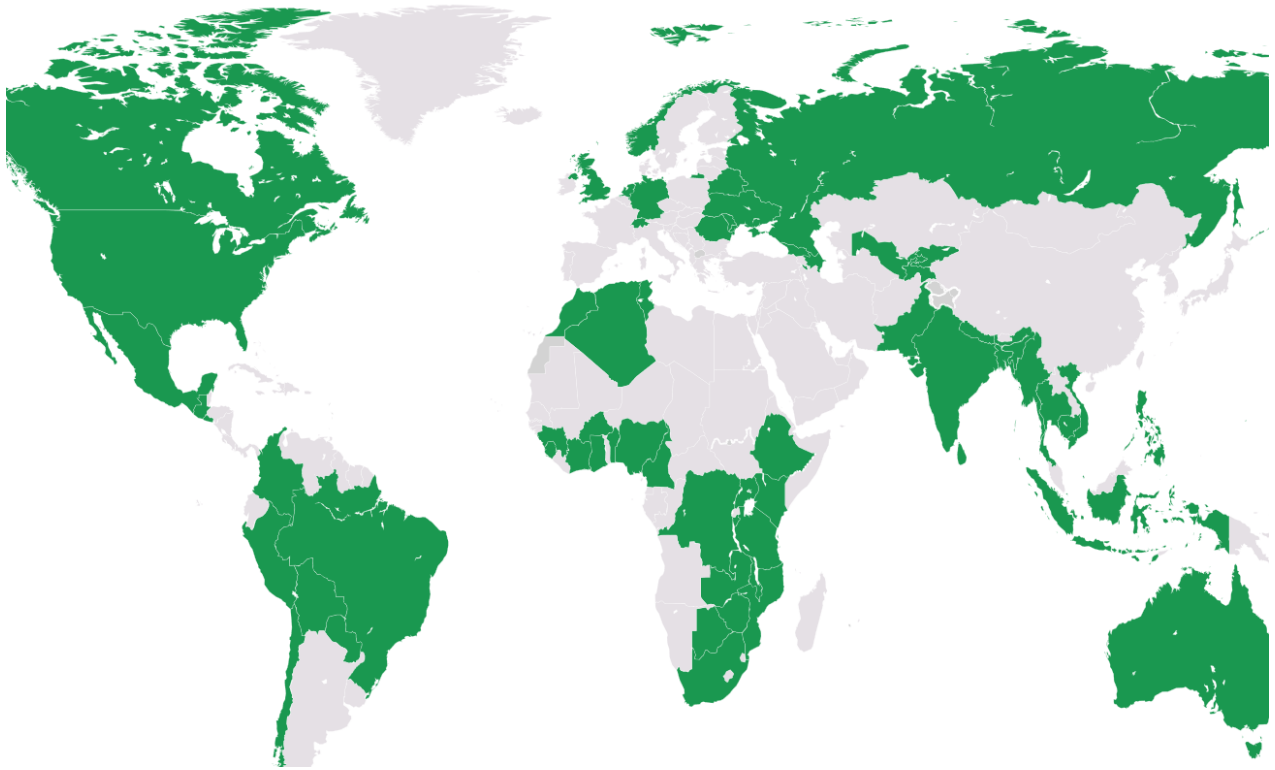
- Progress report of the pivotal role played by communities/civil society in ***following up*** and ***monitoring*** the implementation of the *Political Declaration* and holding stakeholders to account.

- 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

Purpose of Deadly Divide: TB Commitments vs TB Realities



- Over **150 civil society and affected community partn**ers 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

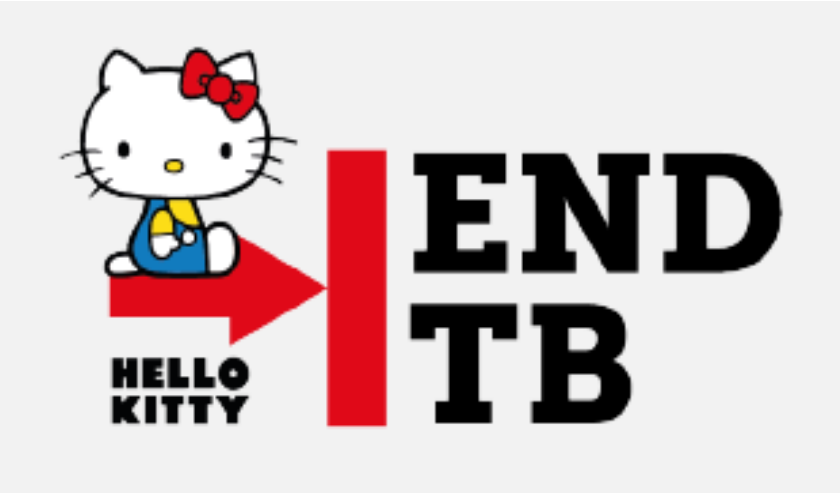
- There have been important advances by governments/member states in all *Areas of Action* in 2018-2020.
- But progress is too little and too slow – with a ‘deadly divide’ between commitments and results, hitting hardest at key and vulnerable communities.
- The role, engagement and funding of TB affected 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
- 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/

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