

# PANOSCOPE

Stop  Partnership at the 3rd Stop TB Partners' Forum

## Simply, detecting tuberculosis: millions with TB go undiagnosed



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**A doctor examines a TB patient — new diagnostic tools for TB are urgently needed**

### Albert Yue Yuan

“Simply, stopping tuberculosis” is the slogan of the 3rd Stop TB Partners' Forum being held in Rio de Janeiro. But on the first day, the slogan should more accurately be changed to “Simply, *detecting* tuberculosis” as millions of persons worldwide are estimated to have TB disease and not know it.

There is very little need to argue that in order to cure any disease; you first have to diagnose it. But for TB, that is the crux of the problem. The plenary session at the Forum which looked at the progress in dealing with TB in various countries highlighted the fact that a significant number of persons with TB disease worldwide are not being diagnosed.

The Global Plan to Stop TB 2006–2015: Progress Report 2006–2008 found that the detection rate for TB was 63 per cent,

slightly less than the 68 per cent milestone set for the period in the Global Plan. At this rate, it seems difficult for countries to meet the 78 per cent detection rate target set for 2010.

Speaking at the plenary session where the report was discussed, Professor D H Mwakyusa, Tanzania's Health Minister and Social Welfare noted that in his country the TB prevention and treatment programme was among the best in Africa. “Tanzania's TB treatment rate remains high at 85 per cent in 2007, despite the fact that about 50 per cent of TB patients are co-infected with HIV,” Professor D H Mwakyusa said yesterday. “But TB case notification stands at 158 per 100,000 persons, about 48 per cent of targets set by WHO.”

Tanzania is one of 22 high burden countries in the world with 62,092 newly reported (diagnosed) cases of TB disease in 2007. A massive 52 per cent of persons with TB disease go unreported in this country of 39 million translating into tens of thousands of persons with TB who do not receive proper treatment and can spread the bacteria to others.

“Prevalence of multi-drug resistant TB (MDR-TB) is less than 1 per cent,” Professor Mwakyusa said. “The prevalence of extensive drug-resistant TB (XDR-TB) is unknown.”

This declaration immediately raised eyebrows among the audience. At least three people questioned the accuracy of these data, to which Professor Mwakyusa simply replied: “It is difficult to obtain reliable data in Tanzania.”

Tanzania isn't alone. Case detection rates for TB are lowest in Africa. Countries with high HIV prevalence detected only 48 per cent of cases against the target of 69 per cent, while countries with low HIV prevalence detected 46 per cent against the milestone of 63 per cent.

One of the obstacles facing countries is a lack of the technological tools needed to diagnose more persons. According to Dr Giorgio Roscigno, CEO of the Foundation for Innovative New Diagnostics (FIND), today's most commonly used TB diagnostic, sputum smear microscopy, is more than 100 years old. It takes several days to complete, and detects only half of the world's new TB disease. An estimated 50 per cent of TB disease cases remain undiagnosed.

“The world desperately needs a fast, cheap, and reliable tool to detect TB and drug-resistant forms of TB,” said Dr Roscigno. “Our organisation's long-term goal is to develop a point of care (POC) test, such as urine dipsticks that are used for detection of pregnancy or diabetes.” FIND is currently collaborating with government, industry, academics and other entities to accelerate the developing process of such a test.

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**TB facts**

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# highlights

## 24 March

### 11:00–12:30 Plenary Room

Empowering communities to address TB/HIV co-infection – Experiences from Uganda, Zimbabwe, Kenya and Côte d'Ivoire (English with interpretation)

### Sala 10

Rights and access: Promoting TB care for undocumented migrants, drug users and mineworkers (English)

### 14:00–16:00 Session 7

Constituency meetings: Nongovernmental (NGOs), faith-based (FBOs), civil society (CSOs) organizations – Plenary Room; Private sector – Sala 14; Technical agencies – Sala 15; TB-affected communities/neglected populations – Sala 16; Donors/foundations – Sala 17

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But the progress is slow. In order to generate a reliable diagnostic tool, enough tests must be conducted in people with and without TB disease to identify proteins which show changes. This process is necessary in developing a reliable marker for TB diagnosis.

“We still lack systematic approaches to marker discoveries. The scientific community hasn't reached a consensus on TB biomarkers,” Dr Roscigno said.

However, in the field of molecular detection of MDR/XDR-TB, there is

some good news. Two commercial tests are currently available. They are both highly sensitive and specific for detection of rifampicin resistance.

“One of our major problems is lack of funding.” Said Dr Roscigno: “We have a funding gap of 50 per cent annually. That has to be changed in order to meet our target in time.”

WHO's target is to reduce TB prevalence by half by 2015. But, it appears that diagnosing more persons with the current old diagnostic tools is just a pipe dream. But who says it's not okay to dream.

## eyewitness

### No more talk; act now

#### Anso Thom

Everyone is always talking about how tuberculosis (TB) needs to learn from the successes of the global response to HIV and AIDS. I think rather than accepting the “stepchild” tag, TB needs to seize the day and show the way.

In my country we struggled for a long time to get our government to accept that they have to treat people living with HIV and AIDS.

Many years later, we finally have one of the best strategic plans in the world, but we are struggling to cope with the overwhelming numbers.

The Rio meeting is so much smaller than the big AIDS meetings, but that means people can really engage and perhaps use the opportunity to come up with solutions that will truly translate to make a difference soon. I hope this will not be a talk shop; they owe it to the people.

**Anso Thom is a multiple award winning South African journalist who has written extensively on HIV and TB issues for 10 years**



### TB, AIDS and Wall Street bonuses



#### Vidya Krishnan

I come from a country which has a high burden of dual TB-HIV infection.

The more I interacted with TB advocates and stake holders on the first day of the Stop TB

Partners' Forum, it became increasingly clear that the current financial meltdown along with a shortage of funds in the Global Fund was reversing the little progress in TB/HIV care in my country.

The Global Fund to fight AIDS, TB and Malaria (GFATM) is falling short by US \$5 billion of its estimated budget for 2009–2010. While poor people with TB and/or AIDS die due to lack of funds in Asia and Africa, Wall Street corporations disbursed millions of dollars as bonuses in 2008, some of it said to have come from the bailout money given by the government.

Unless countries with deeper pockets look at TB/HIV care and control as a “smart investment” and assist the developing world, it is clear that we are all going to lose the battle against the dual epidemic if the cost cutting continues.

**Vidya Krishnan writes for the Indian Express in India. She has been reporting on HIV and TB issues for six years**

# Mexico – poverty, migration fuel multidrug-resistant TB

## Antimio Cruz

Arturo Romano, 32, crossed the border from Mexico into the United States illegally but never made it to his brother's place, in Illinois, because he became ill with multidrug-resistant tuberculosis (MDR-TB). Now he is back in la Huasteca, the northern part of Veracruz, in Mexico.

"When I was in [the border town of] Nuevo Laredo I started coughing. I tried to control it with traditional mixtures which use ingredients like honey. I used to smoke a lot, so I thought that was the reason for the coughing. I didn't know I had TB," Romano said.

"I shared a house and crossed the border in a vehicle with eight other people. When I was in Texas, I started feeling very ill and began vomiting blood with every cough. So I went to a hospital. Finally I was sent back home, but cured," he says.

In the border towns along the Mexico-USA border the TB prevalence rate is almost twice that of the Mexican national average. Compounding the situation is the fact that half of the cases are of the multidrug-resistant (MDR-TB) type generated by inadequate or incomplete treatment.

Every day one million people cross the border (legally and illegally). On the Mexican side, poor neighbourhoods mushroom year after year, created by those waiting to cross.

TB in Mexico has declined by 61 percent since 1981. The national incidence of TB is 16.3 per 100,000 people, however, this almost doubles to 30 per 100,000 in towns and cities bordering the US. The anomaly is also reflected in data from the US.

The US Centres for Disease Control and Prevention reported 13,299 TB cases nationwide in 2007. TB cases along the Mexico-USA border increased significantly between 1993 and 2007. On February 17, 2009, *The Chicago Tribune* reported that Mexican immigrants accounted for 18 percent of reported TB cases in Illinois, although they make up only six percent of the state's population.

Tijuana, Nogales, Juarez, Reynosa and Nuevo Laredo are some of the worst affected towns along the Mexican border. The towns are also havens for drug dealing and violence. They also feature moving populations and increasing unemployment.



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**In the towns along the Mexico-USA border the TB prevalence rate is almost twice that of the Mexican national average because of moving populations, overcrowded conditions, non-adherence to treatment and stigma**

The Mexican social development ministry notes that it is the poorest Mexicans who live in the border towns. Some 60 percent do not have social security; 38 percent do not have any document showing their vaccination data; 54 percent attended only four years of elementary school and 10 percent have no identification.

"If you are poor and you go to the border you are not planning to stay. Even if you start coughing you normally wouldn't think it's TB. You just think of crossing because if you stay in a border city for more than a month you'll lose all your money," explains Romano, who crossed from Nuevo Laredo in Mexico to Laredo, Texas, in 2005.

"Many patients in the border towns don't complete the treatment because they are moving and can't spend six months curing themselves. In Mexico, the government provides free treatment but most of the patients on the Mexican side of the border don't live permanently in the border towns and so do not complete treatment. Besides, we have to recognise that TB patients still suffer discrimination, and people with TB do not want to be identified," says Eva Moya, TB division director of the US-Mexico Border Association.

At least forty percent of people with TB who cross the border report a previous TB episode and have received free treatment with isoniazid or estreptomycin, according to a study done by the University of Guadalajara. That means, when they get a second bout, it may not respond to a single drug, because they already harbour resistant microorganisms.

"It is true that in Mexico, TB incidence has declined in general terms. But mortality due to TB has not declined. TB drugs are available universally, but people do not adhere to treatment. Some because they are very far from a physician and others because they get the infection in areas along the border and do not stop for medical attention" says David Alberto Murillo, president of the NGO, Friends against AIDS.

"Patients need to walk two or three hours to get to any public health centre. The physician just can't ensure they are going to stick to taking one pill during the first two months and three pills a week for the other four months," adds Murillo.

The federal government reports that from January 2000 to June 2008, drug related violence caused 17,000 deaths but, in the same period, TB took the lives of 22,581 Mexicans. Multidrug-resistant TB is another challenge to reducing the number of people dying from TB.

# Tuberculosis is every employer's business

## Anso Thom

Tuberculosis is a workplace issue, Dr Mukund Uplekar from the WHO Stop TB Programme said yesterday at the Partners' Forum.

Uplekar said that if the goal was to identify, treat and diagnose as many cases as possible, governments would need to partner with the workplace.

"Three quarters of TB deaths happen between the productive ages of 15 and 50 years. Workers are exposed to TB much more within a workplace setting," said Uplekar.

He used examples from Bangladesh where garment workers are 2.4 times more likely to contract TB and the mines in South Africa where at least 2,000 of 100,000 workers have TB.

"On an average, workers who contract TB lose between three and four months of work. Companies lose between 20 and 30 per cent of annual income if workers contract TB and

lose 15 per cent of annual income due to premature death of workers. In South Africa the loss to GDP per capita is 16 per cent," Uplekar revealed.

A WHO and International Labour Organization study found that 30 per cent of workplaces did not provide any services to facilitate TB diagnosis, 57 per cent did not address TB through their HIV programmes and 37 per cent did not provide any services to facilitate TB treatment. On the flipside 95 per cent of governments wanted these programmes to be offered via the workplace.

Uplekar said it could be done. In Bangladesh garment factories pooled their resources towards a shared health centre where suspect cases are sent for screening, diagnosis and treatment.

He reminded business that in times of financial crisis, HIV and TB needed to be part of corporate social duty and not just corporate social responsibility.

## know your TB facts

● TB Budgets stagnated between 2007 and 2008 in all but five of the 22 high-burden countries.

● There were an estimated 511,000 cases of MDR-TB in the world in 2007. The number of new patients in whom MDR-TB was diagnosed and who were notified to WHO increased from 18,000 in 2005 to 29,000 in 2007.

● Today's most commonly used TB diagnostic, sputum microscopy, is more than 100 years old and lacks sensitivity, detecting only half of the world's new TB patients. Delay in proper diagnosis costs patients valuable time and money in receiving treatment.

# Economic crisis threatens global TB response

## Antimio Cruz

The global economic crisis threatens to roll back gains made in TB prevention and treatment in the last 10 years. However, at the Third Stop TB Partners' Forum, countries were encouraged not to pull funds from TB prevention programmes as the results could prove devastating.

"We are risking the gains we achieved against TB during the last ten years if we don't defend public budgets in health," said Jorge Sampaio, UN Secretary-General's Special Envoy to Stop TB and former president of the Portuguese Republic at the opening ceremony of the Forum. "It's hard to maintain health as a priority on the current global development agenda, but we have to try and encourage civil society to keep up their efforts."

Sampaio highlighted that the economic impact of not taking care of diseases such as TB and AIDS was measured in a recent study by the International Labour Organization.

The study showed that every year the gross domestic product of the world is reduced by US \$25 billion as a result of AIDS and TB.

Marcos Espinal, Executive Secretary, Stop TB Partnership Secretariat, also speaking at the opening ceremony said that World Bank estimated that every dollar spent on TB programmes multiplies 15 times when the patients are cured and can go back to work.

"While we struggle through this economic crisis, we must note that human rights are not only for sunny days. The money for TB treatment shouldn't be seen as a loss, but as an investment. Eighty five per cent of people with TB are 15 to 55 years old. This is a very productive period so, from the economic point of view, it's very important to help those patients go back to work," Espinal said.

Sampaio also noted that small economies could maintain their efforts against TB by being innovative.



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