All-Party Parliamentary Group on Global Tuberculosis

Chairs: Andrew George MP
Nick Herbert MP
Julie Morgan MP

COMDIS: Overcoming barriers to TB treatment and diagnosis

Minutes from the meeting held on 1 April 2008

Chair: Julie Morgan MP – Co-Chair of the APPG on Global TB

Speakers: Dr A N Zafar Ullah, Principal Investigator for COMDIS research in Bangladesh
Dr Xiaolin Wei, Principal Investigator for COMDIS research in China

COMDIS is a Research Programme Consortium funded by the UK Department for International Development (DFID), working on communicable diseases in Bangladesh, China, Nepal, Pakistan, Ghana, Swaziland and Uganda.

Presentation 1: Dr A N Zafar Ullah

TB control in Bangladesh: involving private medical practitioners and the garments industries using Public Private Partnerships (PPPs).

Bangladesh:

- Population: 140 million. Density: 953 per km.
- High TB burden (5th in TB amongst 22 high burden countries). 350,000 new TB cases per year
- 70,000 people die of TB annually. TB control is a national priority.

Aim of project: To ensure utilization of effective communicable disease interventions is on a far greater scale than now, especially for poor and vulnerable people

Strategy: To anchor research within operational programmes, so that knowledge will be rapidly incorporated into policy and practice at scale in partner countries and elsewhere.

Why PPP? There is a low case detection rate in Bangladesh, more than half of TB patients go to the private sector, which is the weakest link in service delivery (provides incomplete treatment regimens).

Involvement of private practioners (PMPs) in Dhaka City

- Started 2003. Involved Leeds COMDIS, National TB Programme (NTP), NGOs and PMPs.
- Steps and process started with small scale research and evaluation and gradually scaled up.
- A Working Group formed, stakeholders involved at every step, joint planning and development, guidelines and tools developed, with regular evaluation.

- **Outcomes: increased access and coverage to 2 million. 120 PMPs involved. Case detection doubled (from 32% to 73%). Treatment outcomes rose from 84% to 91%.**
- **Scale up in Feb 2007 – to 2 cities (Chittagong and Sylhet – population coverage 5 million).**

The Garment Sector

- The garment sector is large and growing (4,000 factories, 2.6 million workers, 90% female and poor, 14-29 years old – mostly in cities).
- **Goal of project:** to develop an operational mechanism for an effective, sustainable TB control programme in the garment sector in Bangladesh.
- **Project partners:** 5o garment factories, Bangladesh Garment Manufacturers and Exporters Association (BGMEA), Bangladesh NTP and 3 NGOs.
- Working Group formed with joint research and planning, guidelines and tool developed, regular monitoring and evaluation, and establishment of service linkages (diagnosis, referral, treatment and follow-up).

Conclusions: Clear, strong evidence to show that it is possible to involve private sector in TB care in order to:

- **Increase access and coverage**
- **Improve quality**

Presentation 2: Dr Xiaolin Wei

The challenges of improving TB control in China including the management of TB in rural-to-urban migrants and promoting an operational guideline for frontline TB doctors.

China: Largest population in the world and 2nd largest TB population in the world (2.7 million TB cases in 2006). Achieved the WHO targets on treatment success (94%) and case detection (79%) by 2006.

Project in Shanghai:

- Shaghai is the largest city in China – 14 million people and 5 million internal migrants (from rural areas). TB prevalence is 1.5 times higher in rural areas than in urban areas.
- TB cases in migrants are increasing by 10% a year, since 1993. 2006: migrants accounted for 50% of TB cases in Shanghai.
- Migrants do not have insurance, live in crowded living conditions and often lose jobs due to TB.

COMDIS:

Intervention in 1 district in Shanghai: An initial poverty assessment is carried out on migrants, after which a living subsidy of RMB100 (£75) over 6 months is provided for TB treatment.

- Less defaults observed in the intervention.
- The Chinese government has put equity as a development priority, with efforts to include migrants into the social insurance system (and will provide medical insurance for migrants).
- The living subsidy scheme will be used in Shanghai if proved successful.

DESKGUIDE: an operational guideline for frontline doctors at the county levels.

- The Deskguide contains details on how to identify a TB suspect, educate patient, prescribe, help patient select a patient supporter, follow-up the treatment for 6 months, declare the results and report.
- An important issue is ensuring the quality of training in the cascade system (province-prefecture-county). There is therefore a training toolkit, and training is participative.

Outcome: China NTP will use the Deskguide and will be part of the China National Policy Guide for national scale-up in July 2008. In total, more than 100,000 TB doctors will be trained in China.

- In compliment with other DFID investments, e.g. the China Health Project 10 on TB
- Without operational research, substantial UK investment in health may be used to scale up suboptimal strategies.
- The Deskguide is now used in Pakistan, Uganda, Swaziland and China and has benefitted millions of patients in high burden countries.

Cross-cutting issues: TB/HIV. COMDIS has achieved:

- Treatment support for a TB patient during the 6/8 months treatment.
- Patient support strategies developed for HIV: peer support, community based HIV programmes in Swaziland and Uganda.

Discussion

Question 1) What is the timescale and cost of scaling-up the pilot projects nationally?

Bangladesh: DFID funds COMDIS initially, but the Global Fund to Fight AIDS, TB and Malaria finances most of the National TB Programme (NTP), and as the project scales-up, resources are pooled and the cost is subsumed within the NTP. The economic benefits of scaling-up, for PMPs and the garments industries and for society more generally far outweigh the initial costs.

China: DFID funds initial programmes (research part: £30,000), once accepted nationally the Chinese Government funds the production and distribution of the Deskguide and associated training.

Question 2) What are the levels of drug-resistant TB and HIV amongst TB patients?

For both countries, there is a lack of data on drug-resistant TB and HIV prevalence. The WHO is currently conducting drug-resistant TB surveillance.

- China: estimated drug-resistance is 2-3% in new cases. HIV prevalence is fairly low and the problem is regionalized e.g. on the borders of Myanmar.
- Bangladesh: estimated drug-resistance is 7-10%. HIV low according to the government, though no full studies done. Among high risk groups HIV prevalence is less than 1%.

Question 3) What are the levels of TB amongst people in the UK of Bangladeshi origin?

- Dr Zafar: Leeds – TB rising among people of South Asian origin - research is being conducted into why this is the case (as many are 2nd generation immigrants or were born in the UK).
- One possible answer is that national programmes (e.g. of the Health Protection Agency) are now reaching communities, especially communities of people of ethnic minorities more effectively so TB is being discovered more.

Question 4) Is prevention included in the COMDIS programmes?

- Treatment is the best prevention. The COMDIS programmes include establishing a robust partnership framework of diagnosis, which is scaled-up into national programmes and hence provides the best prevention against TB. Advocacy, communication and social mobilization is another important element of the programme to promote early detection and decrease stigma.

The main issue for COMDIS is integrating the projects and guidelines into established national programmes instead of operating independently.