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22nd Webinar of the Virtual Medical
Consilium

Tackling TB-associated disability



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TB-associated disability

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RESEARCH ARTICLE

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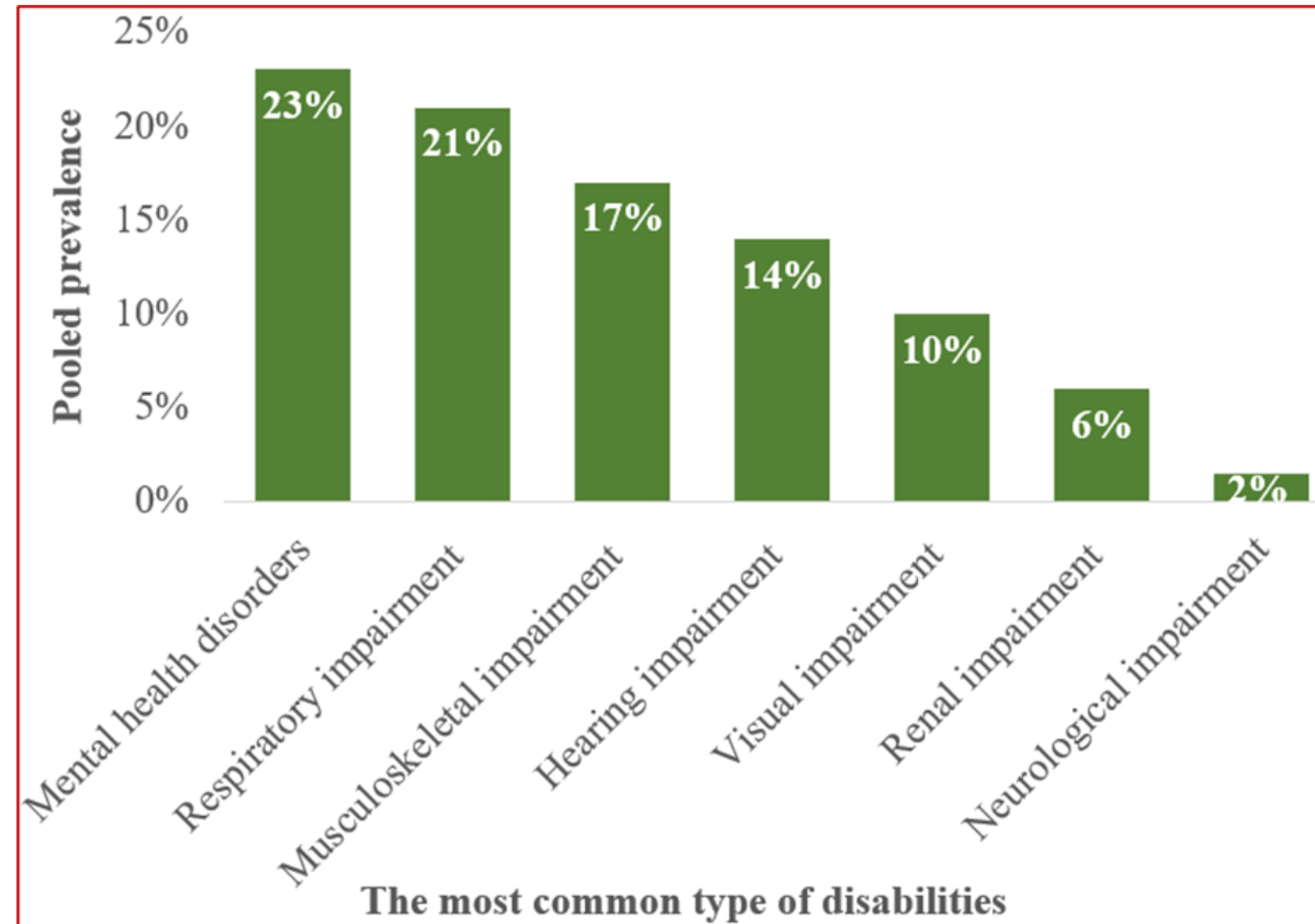
Tuberculosis related disability: a systematic review and meta-analysis



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Three key TB-comorbidities are driving impairment and disability **during and post-TB** disease

- Mental health conditions
- Non-TB pulmonary diseases and,
- Musculoskeletal/neurological disorders.



TB-associated disability

RATIONALE FOR A POLICY ON TB-ASSOCIATED DISABILITY (TB-AD)

There is sufficient evidence on:

- Morbidity of TB-AD *during, and post-TB* treatment
- Mortality of TB-AD *during, and post-TB* treatment
- Add costs to the household economy *during, and post-TB* treatment
- Poor health-related quality of life *during, and post-TB* treatment
- Poorer TB treatment outcomes among people affected with TB-AD
- Global burden of TB-AD is massive
- **but....**
- Evidence on feasibility and effectiveness of interventions to manage TB-AD under programmatic conditions is a major gap for policy making

Milestones in the work at WHO/GTB

- Support to the *TB Sequel project* since 2015
- Integrated patient-centred care, a pillar of the End TB strategy
- TB-associated disability included in the new GF strategy 2022
- Framework on TB-comorbidities 2022
- Policy brief on TB-associated disability (forecoming 2023)
- Guidance/training module on collaboration TB and mental health services (forecoming 2023)
- Scoping review of literature on TB-associated disability finalized in March 2023
- Advice to countries applying to GF to consider inclusion of TB-Associated disability objectives

WHO policy on TB-associated disability 2023

- Key programmatic interventions to improve health and social outcomes for people with TB-associated disabilities
 1. Integrated people-centred care of TB-AD **during** TB treatment and **after** being discharged of the TB programme
 2. Effective planning and integration of services across **health and social protection** systems
 3. Addressing **stigma and discrimination** towards people with TB-AD
 4. Increase **awareness** of the needs of people with TB-AD
 5. **Multi-sectoral collaboration** drawing on MAF-TB
 6. **Research** to generate information and evidence to update and develop policy

Framework for Collaborative Action on TB and Comorbidities

Framework for collaborative action on tuberculosis and comorbidities



Goal

The goal of the Framework is to decrease the joint burden of TB and comorbidities, in line with the End TB Strategy targets, and the United Nations High Level Meeting commitments on TB, noncommunicable diseases, HIV and universal health coverage.

Objectives

The objectives of the Framework are to:

1. establish and strengthen collaboration across health programmes and across sectors for delivering people-centred services for TB and comorbidities;
2. provide guidance on assessment, planning, prioritization, scale-up and evaluation of people-centred services for TB and comorbidities; and
3. facilitate scale-up of WHO recommendations on TB, comorbidities and health-related risk factors for TB and poor TB treatment outcomes.



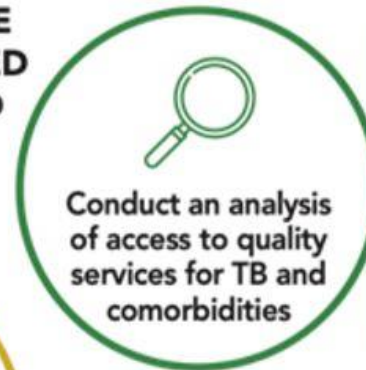
Framework for Collaborative Action on TB and Comorbidities

- ✓ Indicators & set targets adopted
- ✓ Strengthened surveillance
- ✓ M&E
- ✓ Joint reviews
- ✓ Operational research



- ✓ Joint coordination of partners & stakeholders
- ✓ Supportive financing and legislation
- ✓ Engagement of civil society and affected communities

ACTIONS TO SCALE UP PEOPLE-CENTRED CARE FOR TB AND COMORBIDITIES



- ✓ Joint burden assessed
- ✓ Access & financial burden (patient perspective) assessed
- ✓ Health services mapped
- ✓ Gaps & root causes identified



- ✓ Comorbidities, gaps & interventions prioritized
- ✓ Models of integrated care defined and oriented
- ✓ Collaborative planning & budgeting
- ✓ Joint advocacy and communication

- ✓ Policies & SOPs
- ✓ Workforce including at community level
- ✓ Access to essential equipment, medical products & medicines
- ✓ Advocacy and communication
- ✓ Access to social protection
- ✓ Uptake of digital technologies

TB-associated disability

Policy context for a TB-associated disability agenda

- Global TB programme department and National TB authorities typically have a mandate limited to TB, which ends once the person with TB is cured.
- Global donors to the global End TB strategy almost exclusively focus their funding to intervention aimed at reaching End TB targets, which are on TB disease
- There is a chronic underfunding globally and nationally on TB; there is virtually no funding whatsoever to address lung health

TB-associated disability

Policy context for a TB-associated disability agenda

- Interventions that are not proven to significantly contribute to achieve End TB targets are rarely prioritized by donors and TB national authorities (e.g. palliative care)
- TB programmes are likely to be the most appropriate platform to build, scale-up and expand a TB-associated disability agenda that includes lung health
- Focusing *exclusively* on a post-TB disease agenda makes it very challenging for WHO/GTB and TB national authorities to take up any policy on TB-associated disability (remember PAL)

Tackling TB-associated disability during and post-TB disease

- Around 25% of TB survivors have disabilities mostly due to pulmonary, mental, or neurological disorders.
- TB people-centred care to prevent, early detect, treat and rehabilitate affected people is needed.
- WHO advises to conduct under **operational research conditions** the delivery of care to people affected by the most frequent pulmonary conditions associated with impairment and disability during, and post-TB disease in view of the limited evidence on interventions to manage these conditions under programmatic conditions

Example of activities that would need to be budgeted (N.B.: The figures will need to be worked out for each country)

| Objective | Activity |
|--|---|
| Prevention through assessment of, and action on risk factors, through medical and social protection interventions | <ul style="list-style-type: none"> • Risk factors assessment; smoking cessation; nutrition support/counselling; education on mental and lung health; social protection coverage |
| Early identification through assessment of impairments/disabilities along the cascade care | <ul style="list-style-type: none"> • Spirometry test / walk test; symptom screening; training of health care staff |
| Treatment (including rehabilitation) by integrated patient-centred care for people with TB-associated impairments and disabilities | <ul style="list-style-type: none"> • Training of health care staff; treatment of symptoms; pulmonary rehabilitation services; referral mechanisms |
| Operational research to build evidence on feasibility, effectiveness and cost-effectiveness of interventions to manage lung health during and after TB disease. | <ul style="list-style-type: none"> • Studies to evaluate prevention, screening, treatment, rehabilitation and referral strategies during and post-TB • Multi-site operational research protocol to be available from WHO later in 2023 |

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It's time for action
It's time to **END TB**

