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39th Union World Conference on Lung Health
Newsmaker Interviews - NILS BILLO
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JILL BRADEN BALDERAS: Nils Billo, executive director of the International Union Against Tuberculosis and Lung Disease, thanks for joining us today.

NILS BILLO, M.D., M.P.H.: It's my pleasure.

JILL BRADEN BALDERAS: The importance of health system responses is the theme of this year's conference. Characterize for me, how health systems in high-burden countries are currently responding to tuberculosis?

NILS BILLO, M.D., M.P.H.: It is obvious that in many countries, health systems let's say; infrastructure, logistics, drug supply, drug distribution, all things related to health system are not always working optimally, so we need to improve health systems in order to ensure that TB control, HIV treatment, and so on, are better organized, and I think this is something that has probably been neglected, not only by donors, but also by the governments themselves, so this is due to a lack of finances, a lack of proper planning in some instances, and I think this is now beginning to improve as the Global Fund, for instance, also pays attention to health systems and not only to human resource development or technical assistance or paying for ARV, for instance.

JILL BRADEN BALDERAS: So what are some of the barriers you feel that you need to be overcome to take care of these weak health systems?

NILS BILLO, M.D., M.P.H.: Health systems – it's not only infrastructure, it's also personnel. I think one of the main issues in my opinion is that we have probably a chronic human resources crisis. Health systems – probably the buildings are there, but the people that should be working in those health services are very often not able to – you cannot keep them because they're leaving probably to greener pastures, so we need to do something about maintaining the personnel, good trained personnel in those systems, and then I think, little by little, things will improve.

One important issue as well, that we neglected, I guess, in the past, is the lack of management skills. So the Union for instance, has embarked recently on a series of management training courses where we teach people working those health systems about planning, about budgeting, about human resource management and development, and I think slowly this is showing some results, but there's a lot of things to be done in that regard. So, health system, in my opinion, has been the stumbling block in many countries to advance more quickly to manage the current epidemics on HIV, on TB, but on many other disease as well.

JILL BRADEN BALDERAS: Do you feel like there's a perception that this is perhaps an insurmountable problem, and maybe is that one of the reasons why this issue hasn't been addressed as much? And what would you say to people who look at this and say it's too big of a problem; health systems?

NILS BILLO, M.D., M.P.H.: I think this perception may be there, however, I think we should not put our heads in the sand. I think really we should try to improve things step by step. I don't think we can solve this lack of adequate health systems in one day, but I think we need to improve it gradually over time. First of all, again reemphasizing on human resource, we need to have competent people, not only from the medical side, but also from the management side, from the administrative side, to really make sure that these health systems become more stable. And this goes beyond funding alone. It goes beyond support from the government. I think we need to have a better culture in health systems so that we look ahead and not only look for the problems that are present today, and that is something that is missing; the planning part, the budgeting part, putting enough resources into those processes.

JILL BRADEN BALDERAS: What extent would you say are TB programs, national TB programs, contributing to the improvement of health systems?

NILS BILLO, M.D., M.P.H.: I would say that this is a discussion that is being held not only today, but in recent years where TB was criticized to be a vertical program, and not really well integrated into the health systems. I would not agree with that. I think we need to have strong programs which have a good management at the top, maybe at national level, but then when it comes to integrating them into the health

services, as regional or at a district level, I think they very much contribute to health systems, strengthening in a way that nurses for instance working for TB, also work for other disease, and in that way, contribute to a strengthening of the system, but I think much more needs to be done, and certainly – and we may discuss about this, and we need to, for instance, collaborate better with those colleagues, nurses, doctors, who work in HIV or in other areas to make sure that we have a better coordination, a better collaboration, and that we seek for synergies between those programs, and then we really contribute to a health systems strengthening.

JILL BRADEN BALDERAS: You mentioned HIV/TB co infection, which is obviously a huge problem. What improvements have you seen recently in that collaboration?

NILS BILLO, M.D., M.P.H.: I think this collaboration has improved, however, I would say that a lot needs to be done. Still, a lot of discussions are on paper on in discussions, and we go to countries still – I believe there's barriers between TB and AIDS programs that need to be overcome, but there are encouraging results or events in several countries where we see progress. I would just mention one which I know a little bit better, that's Myanmar, where the AIDS and the TB program started to work more collaboratively, and it is possible to identify and better screen HIV infected individuals for TB and vice versa for TB patients for HIV, and I think this is a learning curve that we all need to improve, and that's critical

because if you look at the burden of HIV among TB patients, it's about a million people worldwide, but among those, especially in sub-Saharan Africa, we have about 500,000 that are co infected, so we need to really improve that collaboration, and I think if we don't do that, a lot of people will die needlessly.

JILL BRADEN BALDERAS: Another issue that you all are trying to raise awareness about is the affirmation of the link between tuberculosis and smoking, which the WHO just recently came out with. What would be your comments on that in terms of informing health systems about the links between the two?

NILS BILLO, M.D., M.P.H.: I would say again, it fits very well with the question you asked before; health systems strengthening. If we have a TB patient that comes for about six to eight months to the health center to get his medication, it would be a shame to waste the opportunity to advise those patients who may be smokers, or who are at risk at becoming smokers, and inform them about the risk of increased risk for TB if you smoke and the health effects of smoking. And brief advice is possible, and I think that's what is monographed, that the Union and WHO produced recently is talking about to make sure that TB programs also include a component about smoking cessation.

There would be big benefit, especially for countries that have a high burden of TB under the same time as a rampant tobacco epidemic such as India, China, Indonesia, and probably

other countries – and maybe Brazil. So it's important to really emphasize those links, and again, this leads to a better synergistic collaboration between those different areas, and thus through health system strengthening.

JILL BRADEN BALDERAS: Shifting gears a little bit, what scientific advances or breakthroughs, if any, do you expect to come out of this conference?

NILS BILLO, M.D., M.P.H.: I think we see several things happening that will be – the announcement of two vaccines. One vaccine that is very promising to be implemented in countries where you have a lot of HIV to prevent TB among HIV infected individuals. It will be a presentation tomorrow and a press conference on Monday to explain a little bit about that's vaccine. It's a vaccine which will hopefully be widely used among HIV infected individuals in the future, and I believe also in the diagnostics part. We have several promising advancements in the last few years which are being presented during this conference. Also better microscopy services, and a lot of additional diagnostic tests that are in the phases of being tested in many countries, so these are advances. I think however, that we need to do a lot more and invest much more in development of new drugs, but new drugs to have new regimens because we are losing some of the drugs, unfortunately, in many instances –

JILL BRADEN BALDERAS: Due to resistance? Is that why?

NILS BILLO, M.D., M.P.H.: Due to resistance because no drugs were available and regimens were not adequately used in those countries, and we are seeing a rise in several countries showing not only MDR TB, but in many cases, XTR TB, and also we have knowledge about the few cases of totally drug resistant tuberculosis, which is very worrying. So we need to look for new regimens, but most importantly, governments and donor agencies would need to put much more money into the development of a really efficient and efficacious vaccine to prevent TB.

JILL BRADEN BALDERAS: In terms of the treatment, do you have a timeframe in your mind when you think any new treatments might be available? I mean, would it be five years? 10 years?

NILS BILLO, M.D., M.P.H.: Very difficult to say. I mean, we have been optimistic to have a new drug in 2010. That's what was said a few years back I'm not sure if we will have that by then. But the question is not when, I think what we need to realize is that we do not have enough resources that are put into development of new drugs, so there should be a massive investment, because if we don't have this massive investment now, we may have, in the future, a situation where many cases will not be treatable, and that will be a disaster. And as you know, TB is an infectious disease, so if we have non treatable tuberculosis, we will go back to the early 20th century where we had no drugs whatsoever. So we will have to just wait for patients to be cured spontaneously, which is not

happening very often. So this is a really worrisome situation. Again, to emphasize, we need much more investment to develop new TB vaccines, new TB drugs, to have new regimens available, and if possible a very simple diagnostic tool which can be used at any health facility which does not require complex machines, electricity, and sophisticated infrastructure.

JILL BRADEN BALDERAS: Do you share the same concern that's been bubbling up in the last few weeks from the global health community and the development community that with the current global economic situation, that funding might wane?

NILS BILLO, M.D., M.P.H.: Obviously we are all kind of concerned as not only funding for new tools may wane, but for any other investment in health, and that would be a disaster in my opinion, because I think if we don't invest in health, we are not investing in the future, and this may also affect the financial markets if we have a disaster in health everywhere, so I think that would be a terrible mistake to divert funding, very badly needed funding, first of all for maintaining good health systems, but also, very importantly, to maintain funding for development of new tools.

JILL BRADEN BALDERAS: Last year in Cape Town, advocates had a large presence, and I know that was something that you were heartened by. Do you feel like there will be that same momentum from the community this year in Paris?

NILS BILLO, M.D., M.P.H.: I mean, to answer the question very bluntly, I don't think so. I mean, South Africa

was an absolutely amazing experience to see 5,000 activists, protesting and asking for additional funding for new tools and for dignity in treating TB and in treating HIV. We are not in South Africa. We are in France and it's more difficult, however, we have a lot of activists that participate in the conference, and they contribute to the content of the conference with their own presentations, with their own comments, and I think it's important that we keep that momentum going. The union always offers activists that welcome free registration and accommodates them, gives them the opportunity to have their discussions, to meet, but I would wish that we would have much more activists at each of the conference to make the public aware that this TB and AIDS epidemic, but also tobacco epidemic, is a big issue. And I hope that in Cancun, where we will have the next World Conference next year in December, that we may be able to mobilize activists, however I don't think that we will have the same situation as we had in South Africa. This was, I think, very unique and very, very moving.

JILL BRADEN BALDERAS: And last question for you, you have talked before about how this is a scientific meeting, it can often be very technical. How have you seen the meeting evolve to be more broad, and how do you think that this conference will be – this particular conference in 2008, will be different and broader?

NILS BILLO, M.D., M.P.H.: I think this conference has evolved. I mean, we started to have an annual World Conference in 1995. We started out with about 600 participants. At that time it was mainly a tuberculosis conference. Over the years it has still mainly been a TB conference, but we have made big efforts to also add additional constituencies to that conference. We have added components on pneumonia in children, on the five components on asthma, components on tobacco which is now much more prominent in the conference, and for this year, we have made a particular effort to invite several AIDS managers from countries to really make sure that we have a better dialogue between TB and AIDS, and the session, I think this afternoon at 2 o'clock will really address that issue where we invited AIDS managers to really bring up the issues that are of concern in their countries. And we would like to broaden that and make sure that next year, or in the future, we have this dialogue intensified, but not only a dialogue, we would like to also evaluate the progress at next year's conference. So yes, the spectrum has very much broadened and we have much more people coming from outside the TB area and I think that's very, very positive.

JILL BRADEN BALDERAS: Nils Billo, executive director of the International Union Against Tuberculosis and Lung Disease, thanks for joining us and we wish you good luck with the conference.

NILS BILLO, M.D., M.P.H.: Thanks a lot.

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