

# **The Span of TB Control**

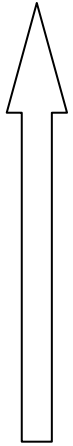
*to eliminate a global emergency*

**Gijs Elzinga**

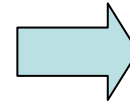
# QUESTIONS SPRING TO MIND

*AFTER 13 YEARS INVOLVEMENT*

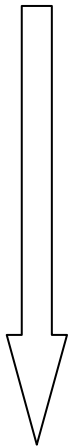
1993



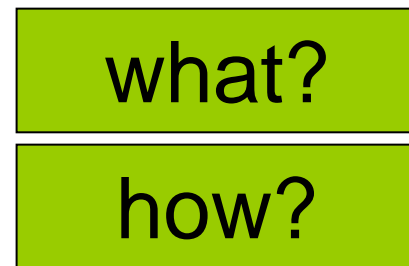
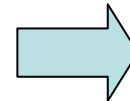
*Any progress?*



2006

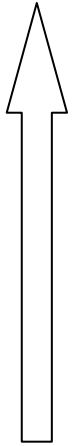


*Way forward?*

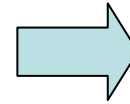


2015/50

1993



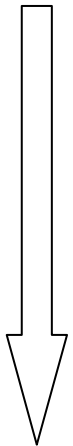
*Any progress?*



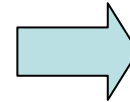
efforts?



2006



*Way forward?*

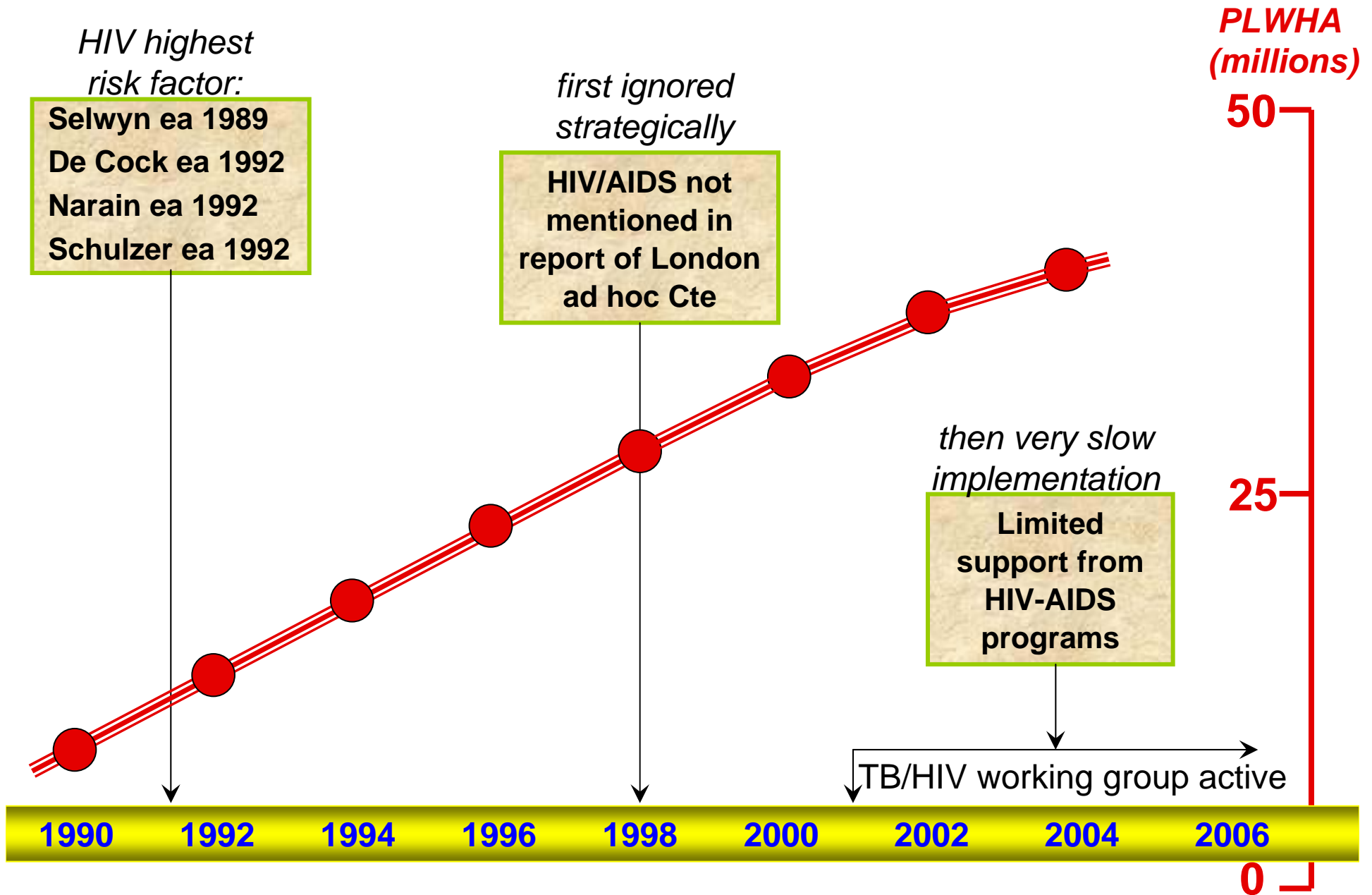


2015/50



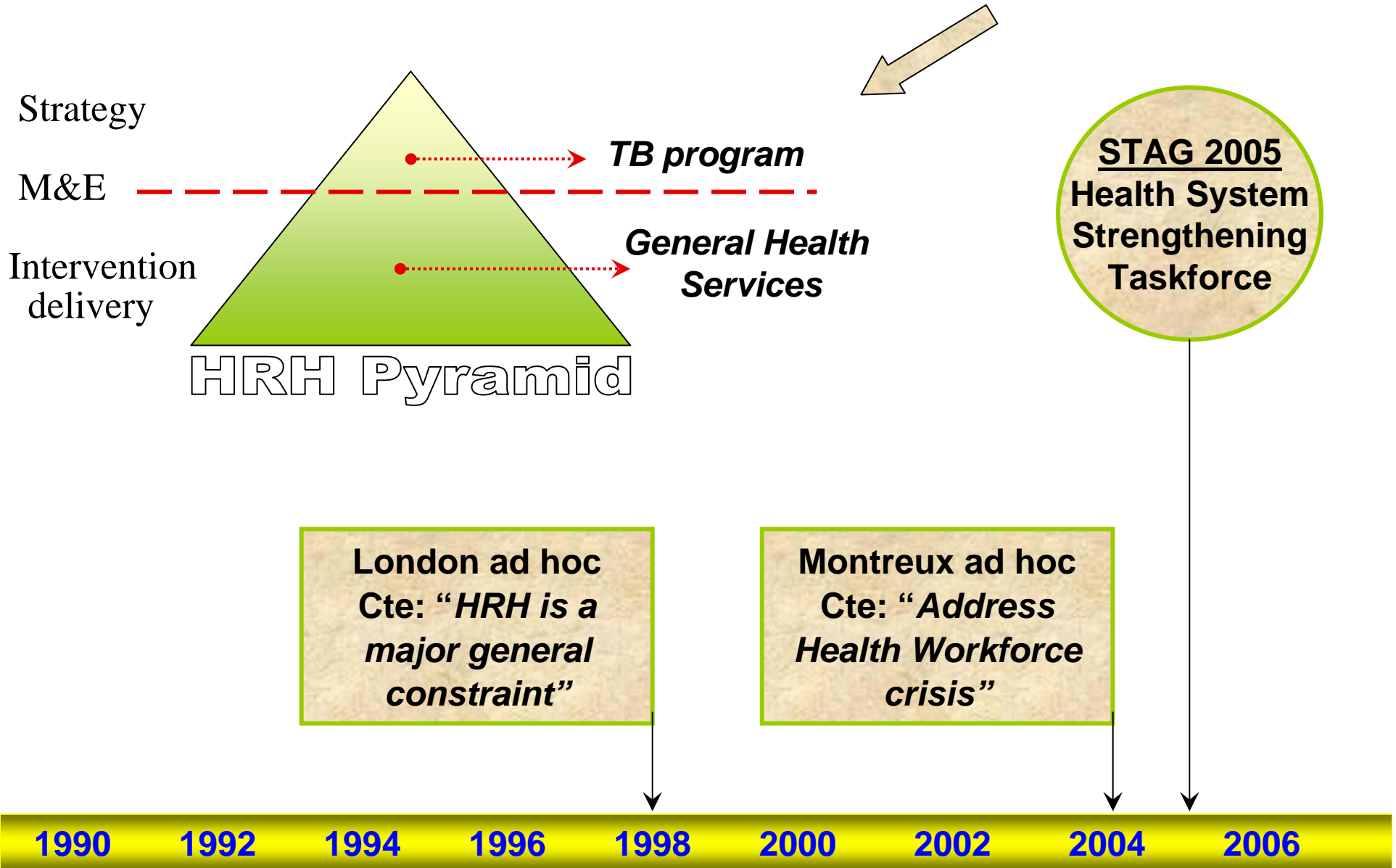
but not in all areas

# TB/HIV



but not in all areas

# HRH



# TB/HIV & HRH

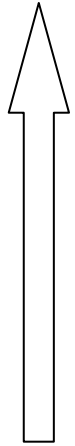
## commonalities

- TB/HIV and HRH, both crucial for TB control
- Lack of knowledge did not delay action in TB/HIV & HRH.
- Action in TB/HIV and HRH required collaboration with actors outside TB program.
- STB Partnership helped tabling TB/HIV & HRH.

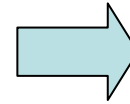
# EFFORTS?

- **rose exponentially in most areas,**
  - Program: partners, structure, strategy, actions
  - Resources: financial support
- **but we turned a blind eye for some**
  - TB/HIV
  - Human Resources for Health (HRH)
- **without explicit reason.**
  - Outside TB program collaboration?
  - Problem defined but ‘know how’ limited ?

1993



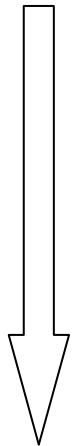
*Any progress?*



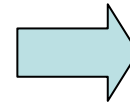
impact?



2006



*Way forward?*



2015/50

# 1991 TARGETS

70% CD

X

85% CR

59.5% of all TB cases cured

TB incidence change (predicted):

- 7 %/yr

**2004**

53% CD

X

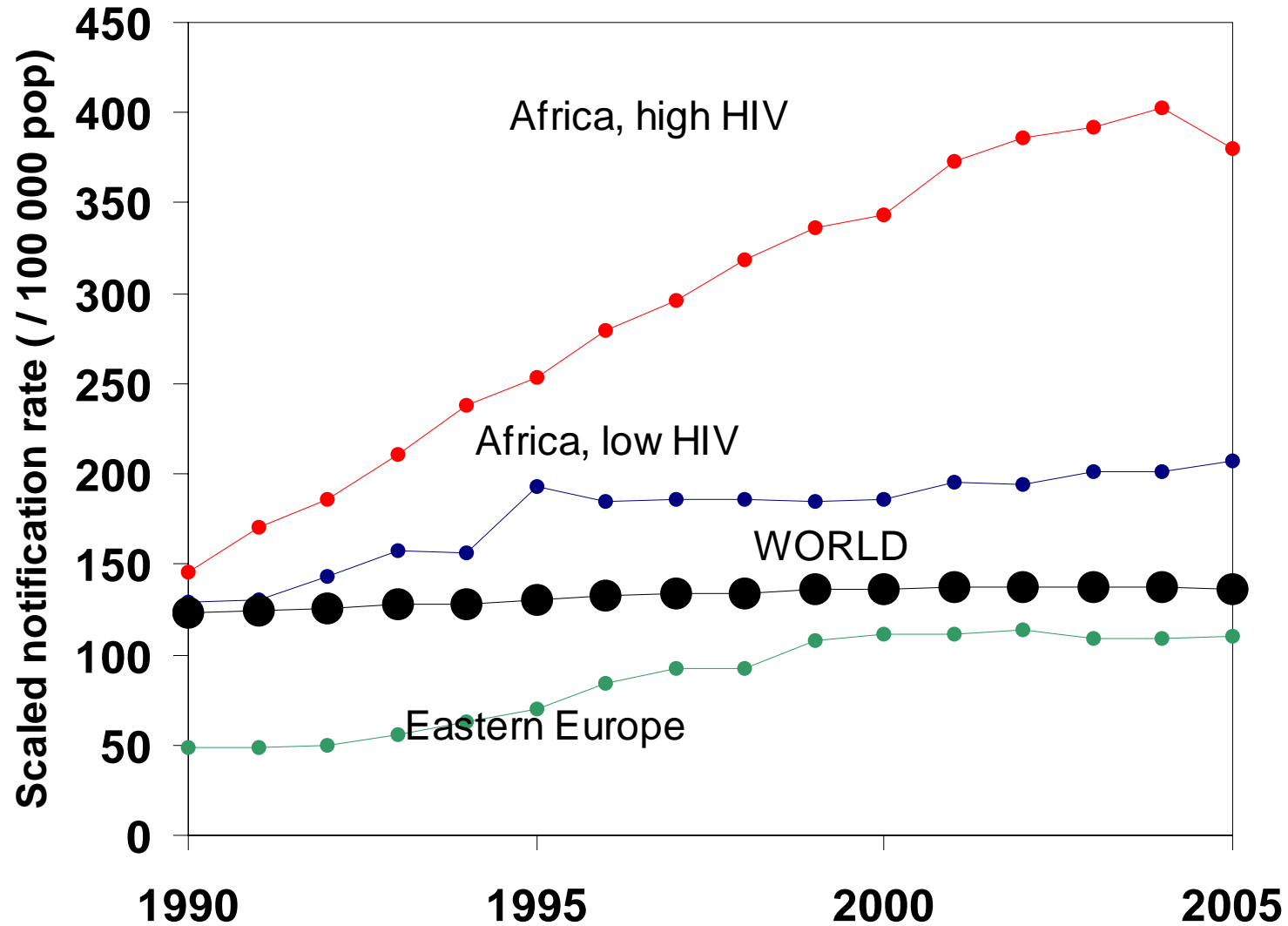
82% CR

43.5 of all TB cases cured

TB incidence change (predicted):

- 5% / yr

# Estimated incidence

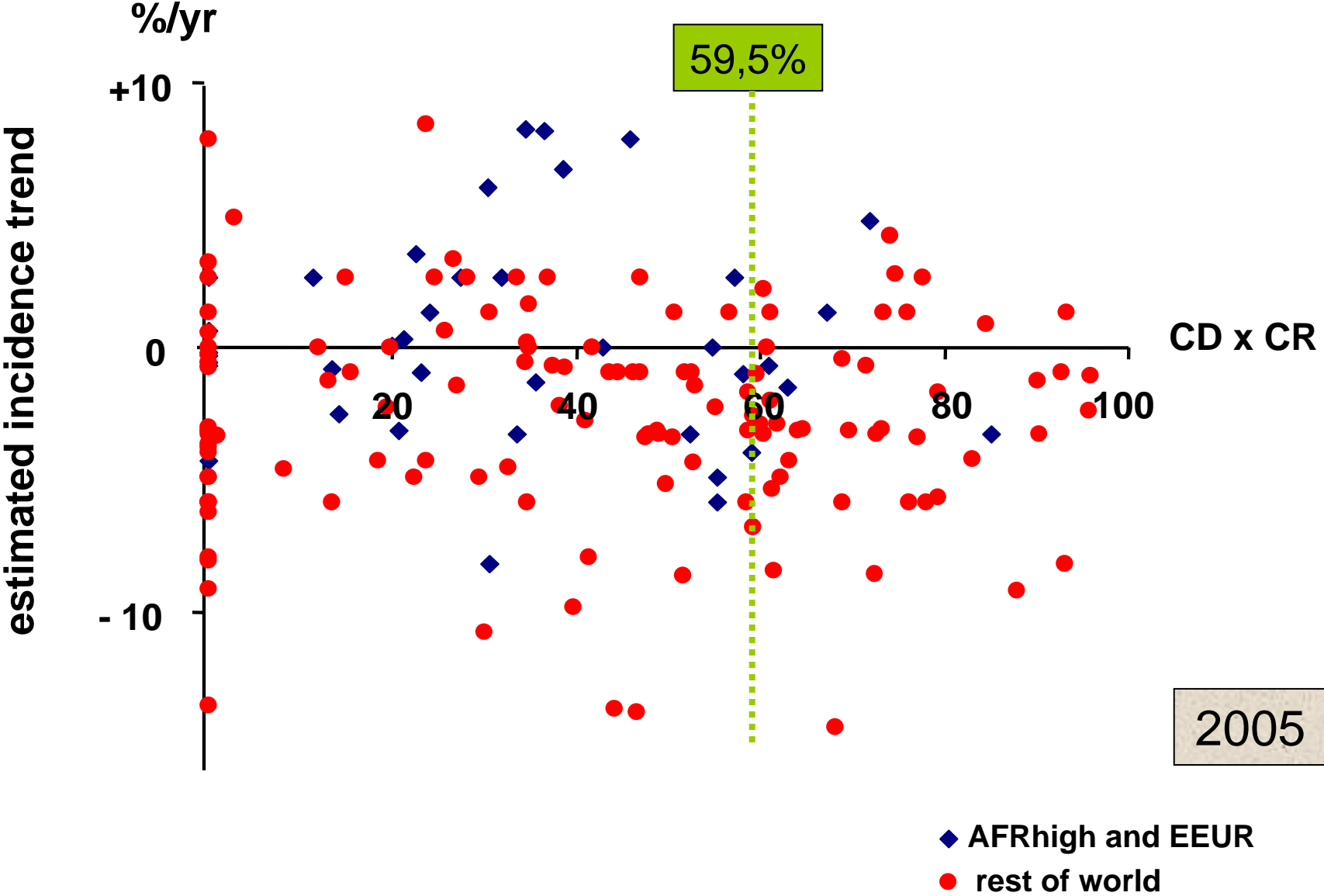


weighted notification rates from selected countries in each region, scaled to the estimated incidence.

# TB incidence change 2004

	globally	without SSA & FSU
predicted	- 5%	-
reported	+ 0.6% (WHO 2006 Report)	- 0.5 to - 1% (Lancet 2004)

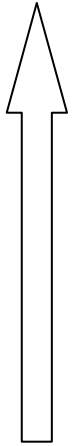
# Between countries TB incidence change varies substantially



# IMPACT?

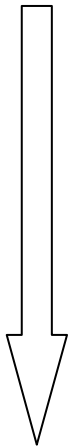
- **impressive progress towards targets,**
  - since start of monitoring (1995), and
  - accelerating from 2000 onwards
- **but little change in TB incidence globally**
  - much less than predicted
  - also outside SSA and FSU
- **with large country to country variation.**
  - data reliable? wait longer? no impact?
  - other factors with large impact?

1993



*Any progress?* →

2006



*Way forward?* →

what?

2015/50



# Two countries with good data

## 1. The Netherlands

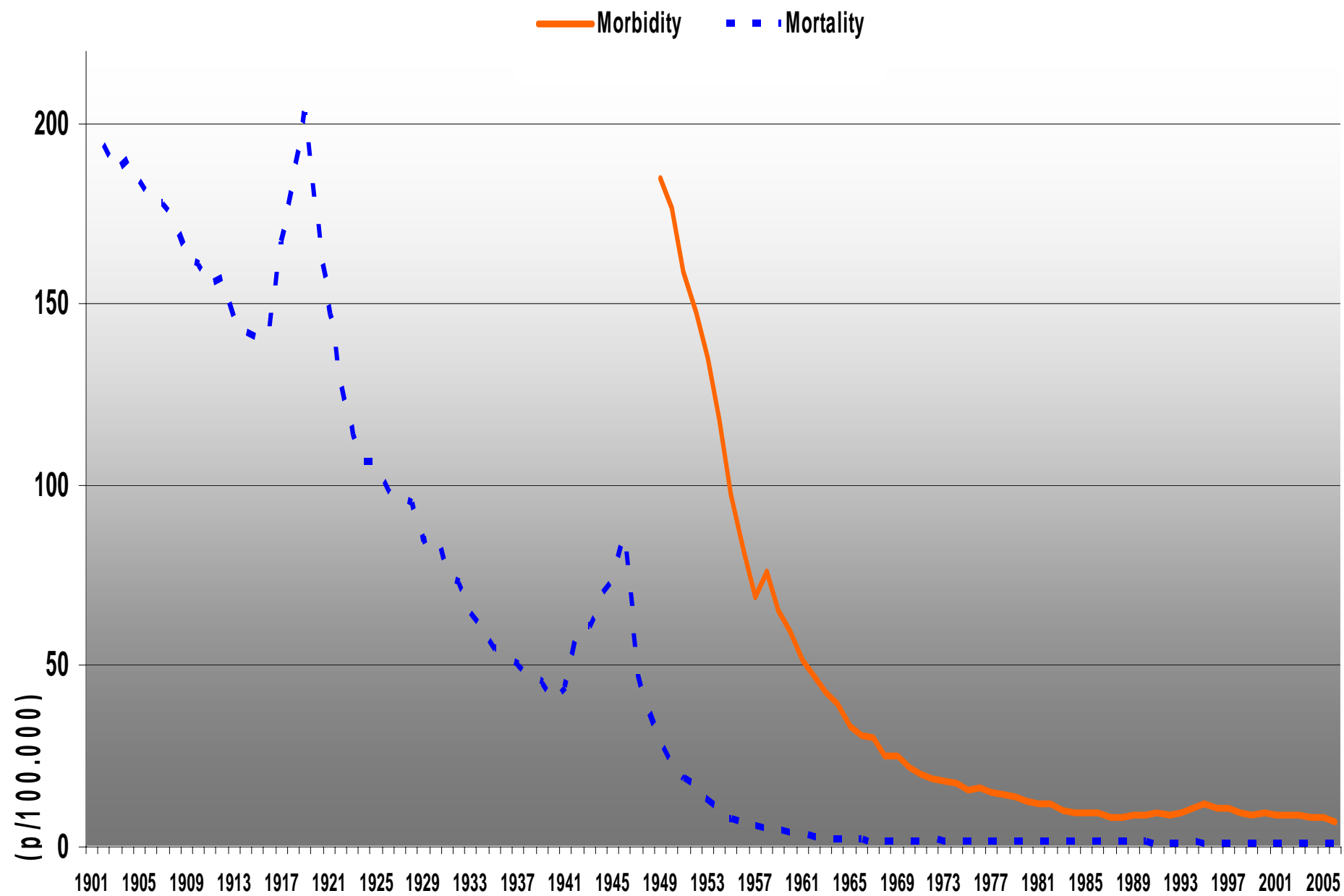
- TB mortality data since 1900, TB morbidity data since 1950
- Thorough analyses (KNCV, Styblo, etc)

## 2. Vietnam

- Reached TB targets since 1996
- TB incidence shows no decline
- KNCV study to find out why

# The Netherlands

Tuberculosis morbidity and mortality (all forms, per 100.000), The Netherlands, 1900-2005



# %/yr decrease in TB incidence

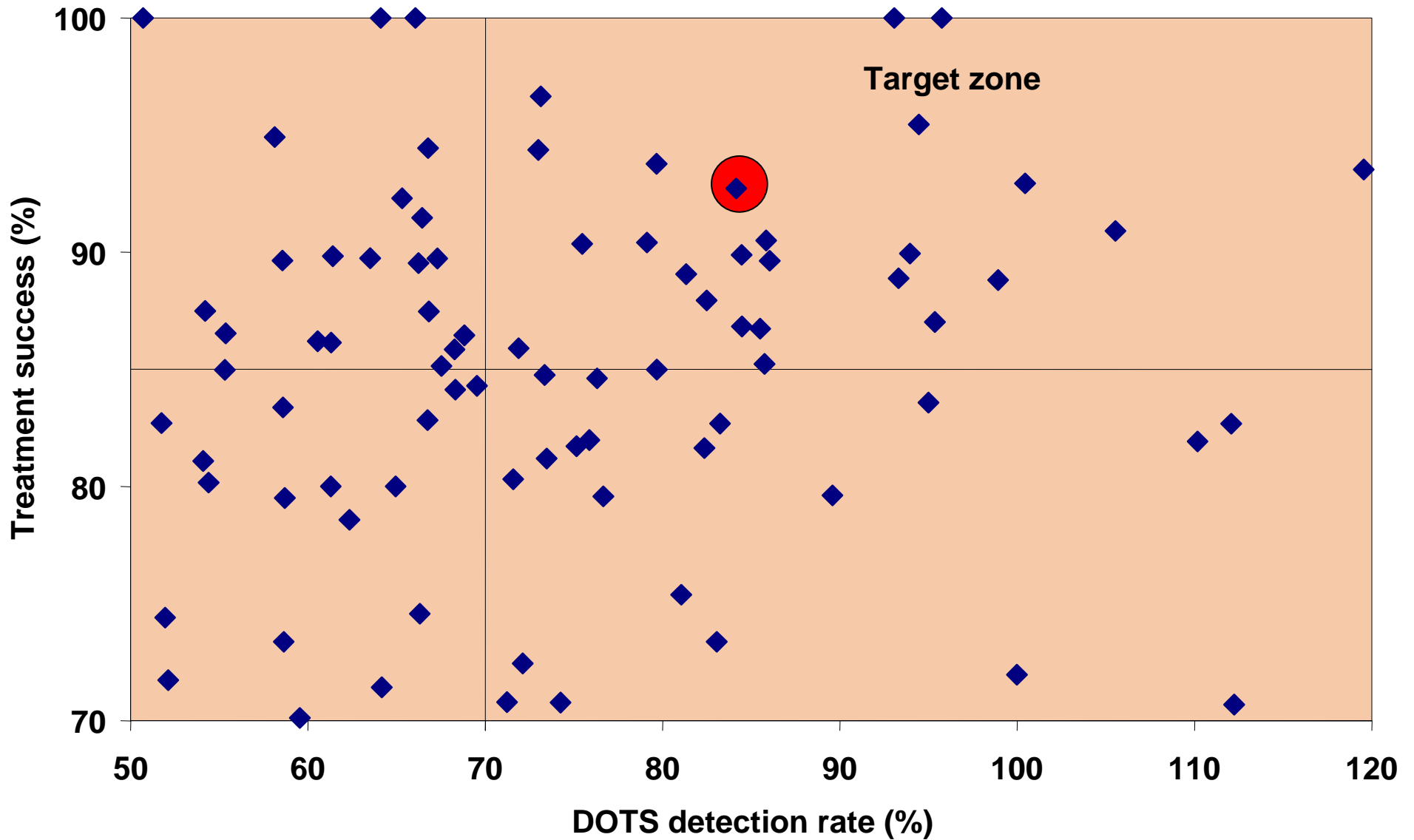
*Styblo 1984, 1991*

	Netherlands	Eskimo's
<1940	3.5 - 5.7	Little change, high death rate
>1950	12	17

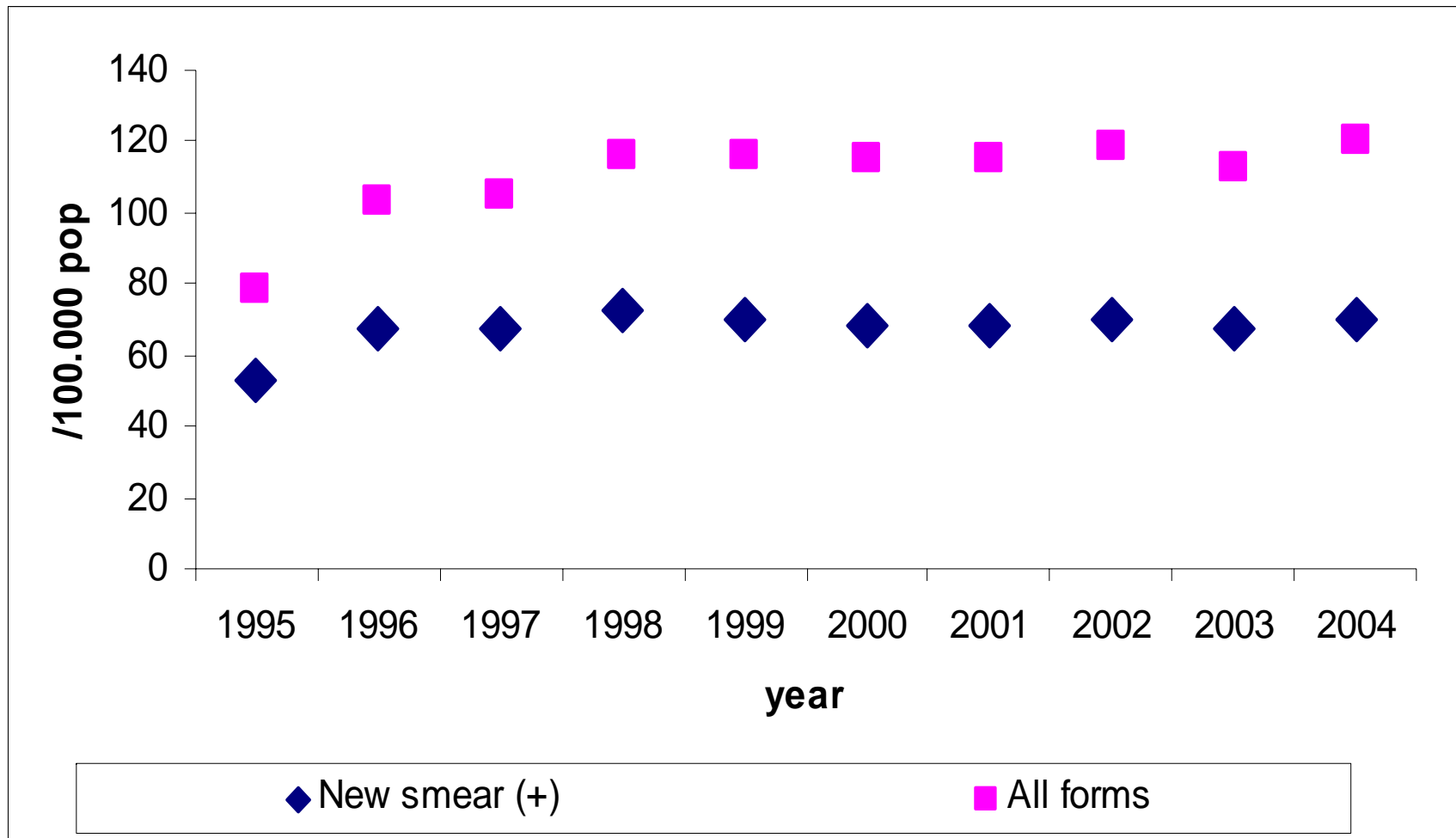
Vietnam

# 2005

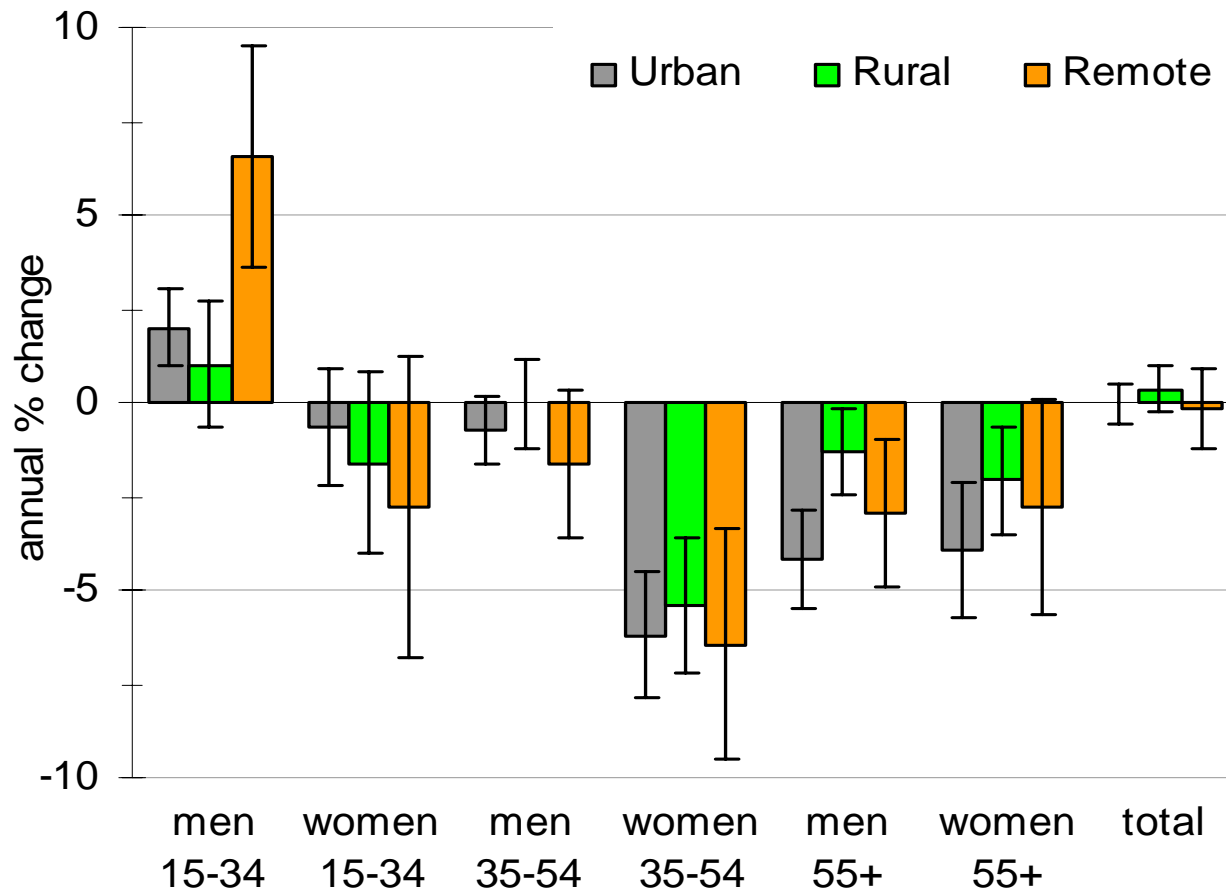
Vietnam has been in the Target zone since 1996



# Notification rates per 100,000 population, 1995-2004



# Trends in CNR of new S+ TB by type of district (n=66), 1997-2004

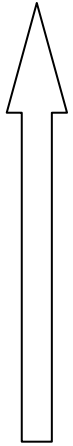


*Vree et al, in preparation*

# WHAT?

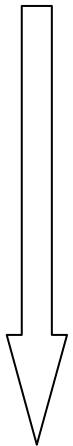
- TB incidence changes
  - **downwards** by case finding and treatment
  - **up-** or **downwards** by socio-economic factors
- through mechanisms only partly understood
  - also outside SSA and FSU
  - limiting Stop TB impact!
- but of great importance for TB control
  - reveal their impact and nature
  - address them in strategy, advocacy & interventions

1993



*Any progress?* →

2006



*Way forward?* →

how?



2015/50

# WHO-recommended Stop TB Strategy 2006-2015

1. Pursue quality DOTS
2. Address TB/HIV, MDR-TB and other challenges by scaling up activities
3. Contribute to health system strengthening
4. Involve all care providers
5. Engage people with TB and affected communities for better care
6. Enable and promote research for new tools and program performance

## Push this Strategy vigorously, ...

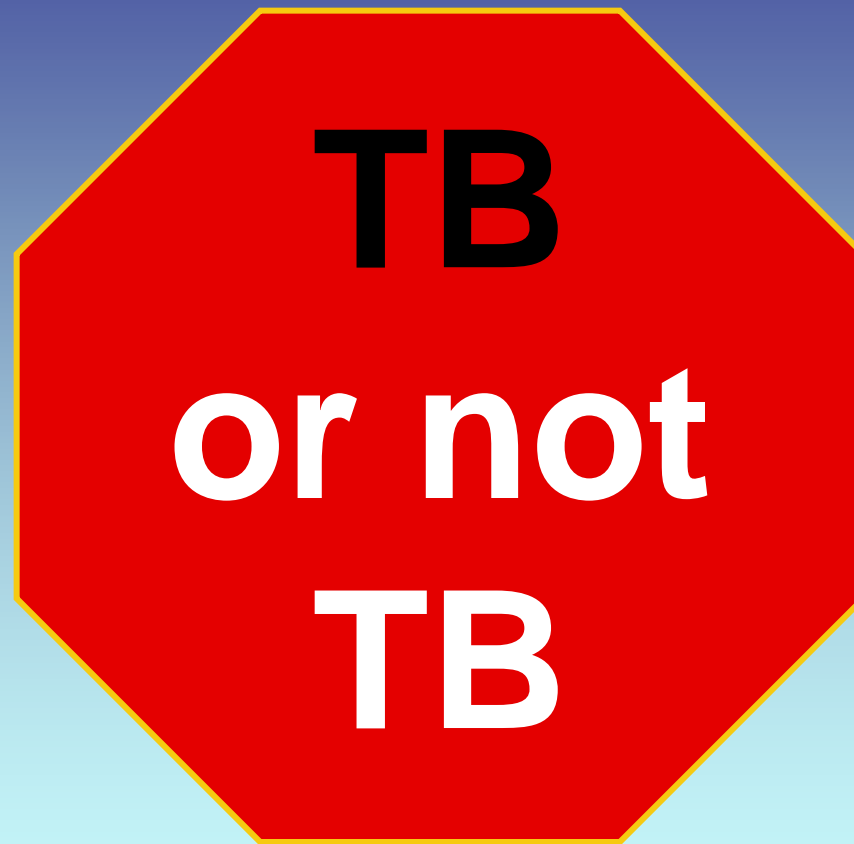
- Without the present STB efforts TB would probably rise globally with ~ 5%/year
- Those activities must be expanded and improved rapidly, in particular in SSA
  - TB/HIV
  - MDR, XDR
- The patient should always be at the centre.
- Better tools and better service delivery are prerequisite to effectively achieve that.

... but also 'socio-economic' prevention!

- No blind eye for lessons (past and present)
- Therefore, surface the (substantial) *impact* of 'socio-economic' factors on TB control.
- Study aggressively their *present nature*.
- Transform that Knowledge into Interventions.
- Position 'socio-economic' prevention for TB in overall Development (MDG) agenda.
- Foster STB leadership through collaboration.

# **The Span of TB Control**

*should not only include Case Finding and Treatment but also 'socio-economic' Prevention to eliminate the global emergency.*



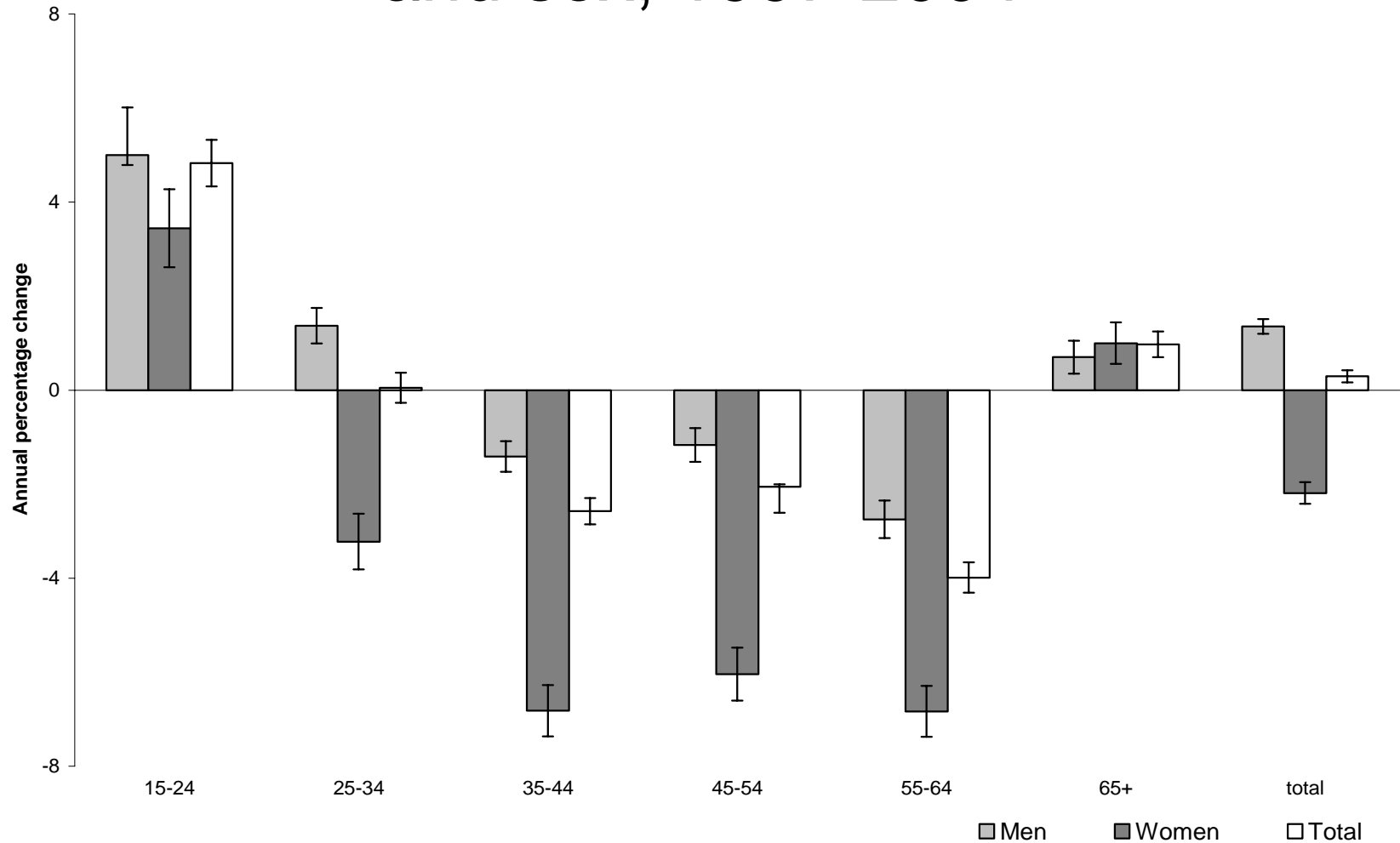
**TB**

**or not**

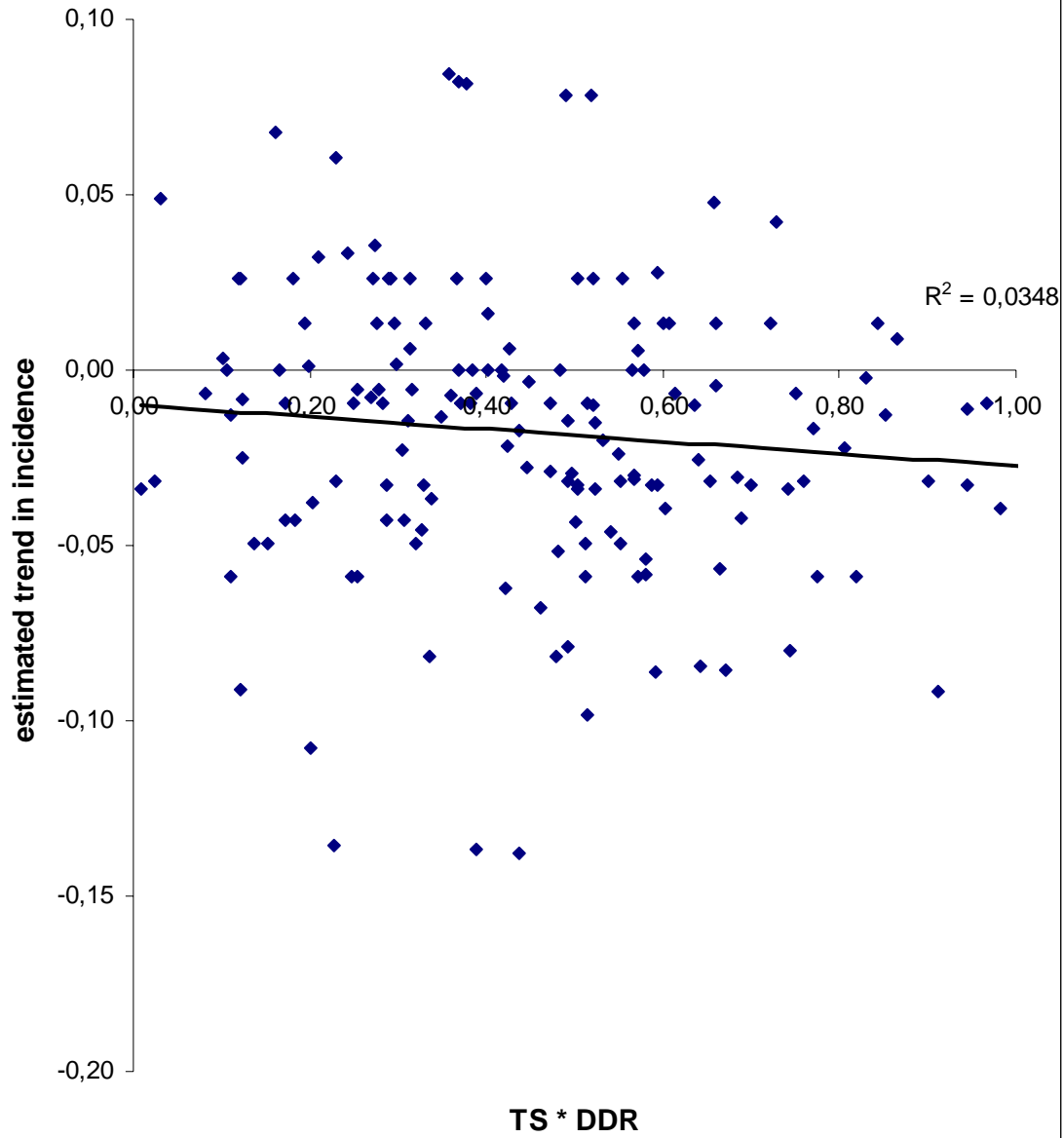
**TB**



# Average annual change in case notification rates of new S+ TB by age and sex, 1997-2004



# does DOTS do it?



# does DOTS do it?

