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**38<sup>th</sup> Union World Conference on Lung Health  
Newsmaker Interviews: Nils Billo, Executive Director of the  
International Union Against Tuberculosis and Lung Disease  
November 12, 2007**

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**JILL BRADEN BALDERAS:** Dr. 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:** For the past few years, the conference has been in Paris. Why Cape Town this year?

**NILS BILLO, M.D., M.P.H.:** About three years ago, the Board of The Union decided to really propose another venue to make sure that we also can reach countries that are not able to come to the conference in Paris regularly. We thought Africa would be an important venue, especially South Africa, because obviously TB is a problem, HIV is a problem, and the MR-TB and XTR-TB recently in the headlines. It was actually coincidence that XTR-TB has been chosen also as an important topic. Given that a lot of African countries have been able to participate and that has been great.

**JILL BRADEN BALDERAS:** Among people outside of this conference, whether it's policymakers or people who live in high-burden countries, how would you rate their awareness of TB as a serious public health problem?

**NILS BILLO, M.D., M.P.H.:** I think we still have to work on that. I think in many industrialized countries, TB is still perceived as a disease that has disappeared. I have even been asked, "Why are you dealing with TB? This is a disease

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that disappeared." We still have big work to do to get better awareness. Here in South Africa, I was quite amazed in some of the interviews that were done by the radio stations that I was asked about there seeming to be a link between TB and HIV. It seems there are still some very important facts need to be promoted and better communicated, especially in high-burden countries.

**JILL BRADEN BALDERAS:** And XDR-TB, extensive drug-resistant tuberculosis, obviously is in the news and that raises awareness but that still represents a very small portion of the number of TB cases.

**NILS BILLO, M.D., M.P.H.:** You're absolutely right. It's a very small number of cases but we need to be aware that if we have vast TB control, the danger of producing more multi drug-resistant cases, and then consequently if treatment of those MDR-TB cases fail, we are risk to producing more of those cases. We need to emphasize more and more that basic TB is control is critical to actually close the tap and not produce any additional cases.

**JILL BRADEN BALDERAS:** How do you rate basic TB control around the world? I'm assuming it differs in different parts of the world. How much work is there to be done?

**NILS BILLO, M.D., M.P.H.:** There are several countries that have very good TB control but one of the main issues of health systems are not really up to speed in most of the

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countries. Health infrastructure is not adequate. Very often, we have a human resource crisis in countries. In many countries, affected by TB and HIV, we have a lot of health care personnel dying from HIV. We have a crisis in human resources. I think that's in conjunction with deficient health infrastructure. [Inaudible] that some countries are struggling with good TB control.

**JILL BRADEN BALDERAS:** You co-authored a study earlier this year talking about TB budgets and how there has been quite a bit of international funding. That sometimes has the capability of disempowering local governments, or national governments, because they're not as involved in the programs. How do you strike that balance between funding and local control?

**NILS BILLO, M.D., M.P.H.:** Yes, it's a big issue because if I look back about 10 to 15 years ago, there was very little funding for TB control and it was very difficult to get things going. Now we have large amounts of money through the Global Fund mainly, but also through the Well Bank and bilateral aid that flows into countries. What has happened is that many countries rely almost solely on that outside funding and have actually forgotten that one of the basic elements of the DOTH [misspelled?] strategy is political commitment. Political commitment means increased own budgets. That has not happened, unfortunately, in many instances. I take an example,

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the Global TB Drug Facility has for many years given grants to countries in terms of supplying countries with TB drugs. Countries, rather than beefing up their own budgets to buy the drugs themselves, have relied on this Global Drug Facility granting system and are now relying on Global Fund money. The incentive to really beef up their own budgets has not been very positive, in our opinion. I think that this needs to be changed because we cannot expect that the Global Fund and the Global Drug Facility will go forever. We need to make sure that countries take these real important public health issues, mainly tuberculosis and HIV, seriously and that they come up with their own funding.

**JILL BRADEN BALDERAS:** That was also part of the Global Plan to Stop TB, correct? It was to get high-burden countries more involved in putting up some money. That was a year and a half ago that the Global Plan was announced. Do you feel like it's improved since then or are there still things you feel that need to be done to get these countries more involved?

**NILS BILLO, M.D., M.P.H.:** I think we need to do more. I believe, at the moment, they are very much relying on funding from outside. It does not mean to say that they are not putting a lot of money into it because they are basically funding a lot of the infrastructure and they are financing the salaries of the health care staff. The lion's share of the TB program is still born by the countries themselves. However I

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believe, especially on the drug side, they should put much more money by themselves. At the moment, the money that they put into this budget item of drugs is coming from the Global Fund or they are still receiving grants from the Global Drug Facility.

**JILL BRADEN BALDERAS:** You mentioned earlier in a radio interview here in South Africa, one of the journalists asked you about the link. They hear that there is a link between TB and HIV. You said before that this awareness and this linking, in collaboration between HIV and TB treatment, and care, and diagnosis has been slow and inadequate. Why, when we've known for so long the linkage and that TB is the biggest killer of people with HIV? Why has it been so slow and inadequate?

**NILS BILLO, M.D., M.P.H.:** I believe, as you say correctly, on paper, I think, we have demanded, or the international public health community has demanded, that TB and AIDS programs work closer together. Unfortunately, this has happened very slowly. It's difficult to analyze why this is like that but probably one of the reasons is that TB programs and AIDS programs in the past have been financed through separate funding streams and have not been really forced to really work together. Also, I would say that it is difficult to organize a joint program. You have TB patients that need to be tested for HIV. You have HIV patients that need to be tested for TB. Logistically, this is quite a challenge. It's

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easier to deal with your problem and then you send the patients to the other program to deal with the other issue. I think that's what the challenge is to make sure that there is a one-stop kind of service that patients can get in order to avoid that they have to travel on multiple occasions to different treatment centers.

**JILL BRADEN BALDERAS:** The Union has done quite a bit of work on this, correct, in coordinating this care?

**NILS BILLO, M.D., M.P.H.:** Yes, absolutely. I think what we have tried is to make sure that in some of the pilot projects; TB patients are tested for HIV. If they are testing positive, that they are actually given ARTs and that also their family members are being tested. I think that's very important as well because treating the patient that has TB alone and not caring for the family members is actually leaving somebody behind. We have several pilot projects, mainly in Myanmar with over 1,000 patients already enrolled. We have other pilot projects that started in Benin, in the Congo and Uganda, and we just started on in Zimbabwe.

**JILL BRADEN BALDERAS:** Last year when we talked, you said that the TB movement can tend to be a little bit too technical and we talked about the involvement of activists and patients. You felt like there could be some improvement in that area. Can you talk about how it's important to include

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the activists in how that element of the TB movement can be improved?

**NILS BILLO, M.D., M.P.H.:** I think you're absolutely right. In the TB movement, they are still too technical. We need more business people involved. We need more activists involved, and the activists have played a substantial role recently to really push donors and governments to pay more attention to TB and HIV. I was very, very pleased to see 5,000 activists here in Cape Town really demanding from governments and from donors much more substantive kinds of commitments for funding for drugs, for new vaccines, for new diagnostics and they also demanded to be better educated in terms of what are the links between TB and HIV. I think that is something that needs to be actually emulated in other countries. If we could do that in each of the countries, if we could do that also in industrialized countries, to have activists that really make politicians and decision-makers aware of the problem, I think funding would become much more available and it is important that we stress that again and again.

**JILL BRADEN BALDERAS:** Is that one of the biggest activist showings that this conference has seen so far?

**NILS BILLO, M.D., M.P.H.:** I think that was the biggest presence of activists. Also, they have organized symposium at our conference. We give them the opportunity to present their point of view. We don't think that it's only a matter of

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science. It's really a matter of social mobilization and we need to work hard on this because we need to learn the lessons that AIDS activists have learned in the past. They have been very successful to really push governments to be more engaged. The TB movement needs to grow and I think that we are not yet at the optimum level there.

**JILL BRADEN BALDERAS:** One last question for you. What are some of the scientific and technical advances, because those things are obviously important as well, that you feel like will be discussed at this conference that you hope to see turn into real world results from this conference?

**NILS BILLO, M.D., M.P.H.:** I think we had a few very excellent lectures that really showed the issue of the link between TB and HIV. I think the need to finally make sure that programs work together to improve the collaboration. We have a few very promising new tools in the diagnostic side. These were presented and will hopefully help countries to do better. I believe on the MDR-TB side, we need to be alert. Not to be alarmistic [misspelled?] but we need to be alert and countries need to make sure that they can really estimate the burden of MDR-TB that they have. I think that's some lessons that we need to take from this conference. Also, it is obvious that the issue of health systems that we discussed before is an issue that needs to be discussed further because we can have millions and billions of dollars but if we don't have the

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infrastructure, things cannot improve, and, therefore, at the 39<sup>th</sup> World Conference in Paris next year, we will address exactly that issue. Global threat to lung health. What are the health system responses?

**JILL BRADEN BALDERAS:** Dr. 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.:** Thank you.

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