

Framing Document

Preamble: Quality Care for All

People in different countries – or economically or politically marginal groups within wealthy countries – are not a different species that need to be studied repeatedly before they can access tried and tested approaches that stop the spread of TB in wealthy health systems. We cannot lend our voices—through commission or omission—to different standards of health for people based on their race, religion, class, sexuality, gender or national origin.

We have identified a geographically defined zone to initiate, improve, and sustain comprehensive (Search- Treat- Prevent) programs that are both new and innovative as well as tried and true interventions. We will be publicly accountable, and every 6 months will share with ZTBI and other designated groups the details of programmatic progress or challenges.

SEARCH actively and test properly

Find and diagnose untreated TB patients in a timely manner

- » Empower the population with knowledge of TB symptoms and how to act on this knowledge
- » Work to ensure universal access to care in the health system
- » Put in place an active case-finding strategy to find more people with TB earlier
- » Employ a targeted active case-finding strategy to focus on key populations and groups with high exposure, such as:
 - Contacts of people who have TB, including children
 - People living with HIV
 - People who seek care at health facilities in areas where TB is prevalent
 - Other populations based on local epidemiologic data, setting, and existing infrastructure (e.g. household contacts, workplaces, etc)

Employ proper testing and diagnostic tools to support active case-finding

- » Move away from reliance on less sensitive tests like sputum smear microscopy
- » Move toward using more sensitive diagnostic tools in algorithms such as:
 - Radiography (chest x-ray)
 - Mycobacteriological culture
 - Molecular diagnostic tests (such as the Xpert MTB/RIF test)
 - Clinical algorithms

Overall, employ an active case finding campaign that matches our setting, epidemiology and builds on the existing health system strengths.

For each sub-group, consider carefully what are equipment, staffing, financing, and other requirements. Consider whether active case finding program entails finding both those receiving treatment of unknown quality and those who are not receiving any treatment at all.

TREAT appropriately and support patients through treatment

Provide effective, evidence-based treatment for all TB cases

- » Reduce delays between diagnosis and treatment
- » Implement widespread testing for drug resistance
- » Implement drug resistance testing prior to beginning standard first-line drug regimens
- » Ensure national guidelines cover standardized risk criteria to guide decisions about treatment for drug-resistant TB in cases where tests for drug resistance are unavailable or test results are pending
- » Strengthen health systems to reduce treatment delays
- » Ensure all clinics can collect accurate contact information for patients at first diagnostic visit
- » Support health facilities to optimize the process of receiving, accessing and communicating results to patients

Support patients throughout treatment

- » Follow up actively with people who do not start treatment
- » Provide incentives and enablers for patients to start treatment
- » Monitor patients during treatment
- » Provide transportation assistance and/or food assistance as needed
- » Provide social support through treatment supporters and patient support networks
- » Provide cash transfers to patients and/or their families

Overall, Treat early and with correct treatment, considering shorter regimens and best regimen available. Support comprehensively throughout treatment.

To provide support through treatment: employ a nutritional support system and poverty reduction initiatives. Stakeholders should move swiftly to build a care delivery program that does not place undue burden on patient and their families. Provide linkage to care for drivers of death among TB patients (HIV, diabetes, smoking, indoor air quality, etc)

PREVENT exposure and treat exposure

Protect people from exposure to prevent future active TB disease

- » Treat high-risk groups with preventative therapy to reduce new cases of active TB
- » Define high-risk groups rigorously and test them for TB infection
- » Treat TB infection with appropriate preventative therapy
- » Ensure a robust airborne infection control strategy is in place for health facilities and for other congregate settings in high-burden areas

- » Provide information and resources to empower the population to improve transmission control at home

Implement shorter preventive therapy regimens to reduce the treatment burden of drug-susceptible and drug-resistant TB

- » Use shorter preventative therapy regimens to minimize the length of treatment and potential side effects

Consider preventive therapy for certain high-burden populations in order to have a broad impact

- » Move toward broader access to preventive therapy in both low and high-income countries as an efficient and effective means of having a large population-level impact to TB burden

Overall, treat exposure and infection. Move swiftly and in a sustained fashion toward treating all infected contacts and those with other factors [hiv, compromised immune system, diabetes, etc.]. If a program cannot get PPD or IGRA, make a decision based about how infection will be diagnosed based on available information and tools, paired with local epidemiology

Prevent exposure through health facilities interventions to reduce transmission through technical investments, patient sorting and swift care. Through education and investment, provide for non-facility infection control in homes, public transport, and other congregate settings.

Note on resources and investment

It is unavoidably a difficult process to successfully tackle TB, the leading global killer of adults, given its close relationship to poverty and marginalization. In our setting, this will also be true. This will be expensive over the short and medium term, and an active case finding program may initially discover more active disease and/or infection than previously thought. Over the long term, an “elimination” scenario is more economically responsible than the status quo investment in the TB “control” scenario, as shown by other disease eradication efforts.

