Tackling the structural drivers of TB

Acknowledgements: Dr Lucie Culver, Dr Delia Boccia, Dr David Wilson
Projected acceleration of TB incidence decline to target levels

- **Current global trend:** -2% per year
- **Average -10% per year**
- **Optimize current tools, pursue universal health coverage and social protection**
- **Introduce new vaccine, new prophylaxis**
- **Average -17% per year**
- **-5% per year**
Learning from history: declines in TB mortality in US and UK

Source: Paul Pronyk
1905 Nobel Prize Lecture:

The current state & struggle against TB

"One of the most powerful weapons, if not the most powerful, which we can bring into use against TB is social welfare:

• ...the sick person is visited in his home, and is given instruction and advice
• ...If living conditions are bad, then money is granted...
• ...poor families are supported by granting them appropriate food, fuel, etc".
• ...private action is virtually powerless against this nuisance, while the State can easily remedy the situation with suitable laws"
Lima Peru: Cash + support + community engagement = increased uptake of testing, treatment and use of TB preventive therapy

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Pre-interventions (baseline)</th>
<th>After socioeconomic interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Health insurance registration</td>
<td>36</td>
<td>100</td>
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<tr>
<td>(2) Contact screening (≥18y)</td>
<td>82</td>
<td>94</td>
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<tr>
<td>(3) Successful treatment completion</td>
<td>91</td>
<td>96</td>
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<tr>
<td>(4) MDRTB testing</td>
<td>67</td>
<td>93</td>
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<tr>
<td>(4) HIV testing</td>
<td>31</td>
<td>97</td>
</tr>
<tr>
<td>(5) Preventive therapy initiation (&lt;18y)</td>
<td>39</td>
<td>87</td>
</tr>
<tr>
<td>(5) Preventive therapy completion (&lt;18y)</td>
<td>27</td>
<td>88</td>
</tr>
</tbody>
</table>

* = <0.01

** = <0.001
Also increased uptake & equity of TB preventive therapy

Eastern Cape Province, South Africa: Cash + care + clinic = higher adherence & retention

1060 HIV+ adolescents, 72 public healthcare facilities, 94% 3-year retention

- Stocked with medication OR 3.0*** CI 1.6-5.5
- Time for teens by staff OR 2.7*** CI 1.8-4.2
- Accompanied by family to clinic OR 2.4*** CI 1.6-3.7
- Cash for transport to clinic OR 1.4* CI 1.1-2.0
- Kind Staff at Clinic OR 2.5*** CI 1.8-3.6

70%
More SDGs: lower TB or viral failure

1000 HIV+ adolescents, 72 public healthcare facilities, 94% 3-year retention

Mortality risk

SDG 1+2 Basic necessities & social protection .625*
SDG 3 Healthy caregiver .574***
SDG 8 Household Access to work .672**
SDG 16 Protection from child abuse .652**

Cluver, L, Pantelic, M, Orkin, M, Toska, E, Medley, S, Sherr, L (in press) JIAS
Take-home messages

• Biomedical TB and HIV strategies have saved millions of lives, but are not enough

• History and recent evidence show that impact is higher when medical interventions are supported by socio-economic and structural interventions

• Need to tackle major risks and barriers: poverty, malnutrition, stigma and discrimination, over-crowded work & living spaces, pollution.....

• Cross sectoral working critical: integration, integration, integration.
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