



TAG'S TB ADVOCACY

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Photo: David Harrison for Treatment Action Campaign
Slides adapted from Mike Frick's for Treatment Action Group

TB—ADVOCACY WITH SPECIAL CHARACTERISTICS?

“Friends, comrades. Why does the world not invest in TB? Why is TB not a priority for heads of state? The answer is very simple. It is because TB mostly affects poor people. It is because we are poor. This is why the world can turn its back on us.”

—Anele Yawa, General Secretary, Treatment Action Campaign, closing speech to 2015 Union World Conference on Lung Health

THE CONTRASTING CULTURES OF TB AND HIV CARE

Tuberculosis:

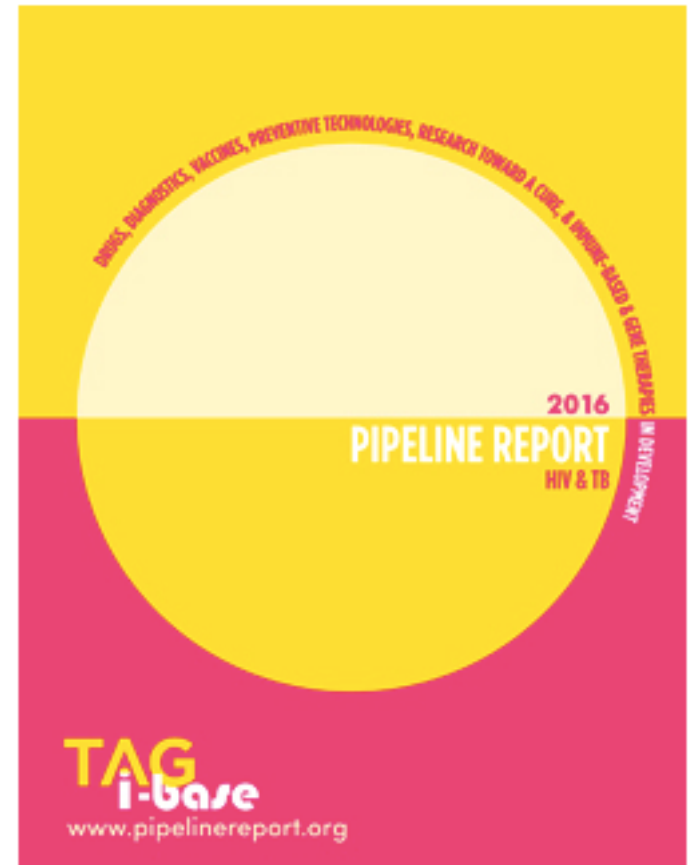
- Top down
- Biomedicalized
- Standardized
- Tradition over innovation
- Adherence over counseling
- Human rights-based?
- Community-driven?

HIV control, in contrast, has been rooted in a patient-sensitive, individualized approach from its inception [3,6]. Clinical guidelines exist, but there is much less global standardization of care, not unrelated to the rapid evolution of scientific advancements and treatment access [3,11]. While ‘case detection’ and adherence are prioritized, HIV programs pay equal attention to patient education, privacy, and empowerment, driven by activism and an inherent mandate to safeguard individual rights from the effects of stigma and discrimination [12,13]. HIV programs traditionally support voluntary or consensual testing as opposed to routine, in some cases mandatory, TB screening [10,12,13]. The social determinants of health, such as poverty and gender inequality, are at the forefront of HIV management. This mindset, although slowly emerging, remains comparatively infrequent within most TB programs.

ADVOCATING FOR R&D

TRACKING THE PIPELINE

www.PipelineReport.org



14,600 PILLS. DAILY PAINFUL INJECTION.

VOMITING. DIARRHOEA. HALLUCINATIONS

SUICIDAL FEELINGS. DEAFNESS.

THIS IS NOT GOOD ENOUGH.

#COUGHUPTHETBMONEY

“In 2015, the world spent US\$620.6 million on TB research and development (R&D), the lowest level of funding since 2008.”

“This marks the second straight year that funding for TB R&D has fallen, raising doubts over whether world leaders will fulfill recent promises to combat antimicrobial resistance (AMR) and eliminate TB by 2035.”





March and die in around 2015 Union World Conference on Lung Health, Cape Town David Harrison for Treatment Action Campaign

LACK OF FUNDING FOR TB R&D IS A HUMAN RIGHTS ISSUE

ICESCR Article 12

The right to enjoy the highest attainable standard of physical and mental health

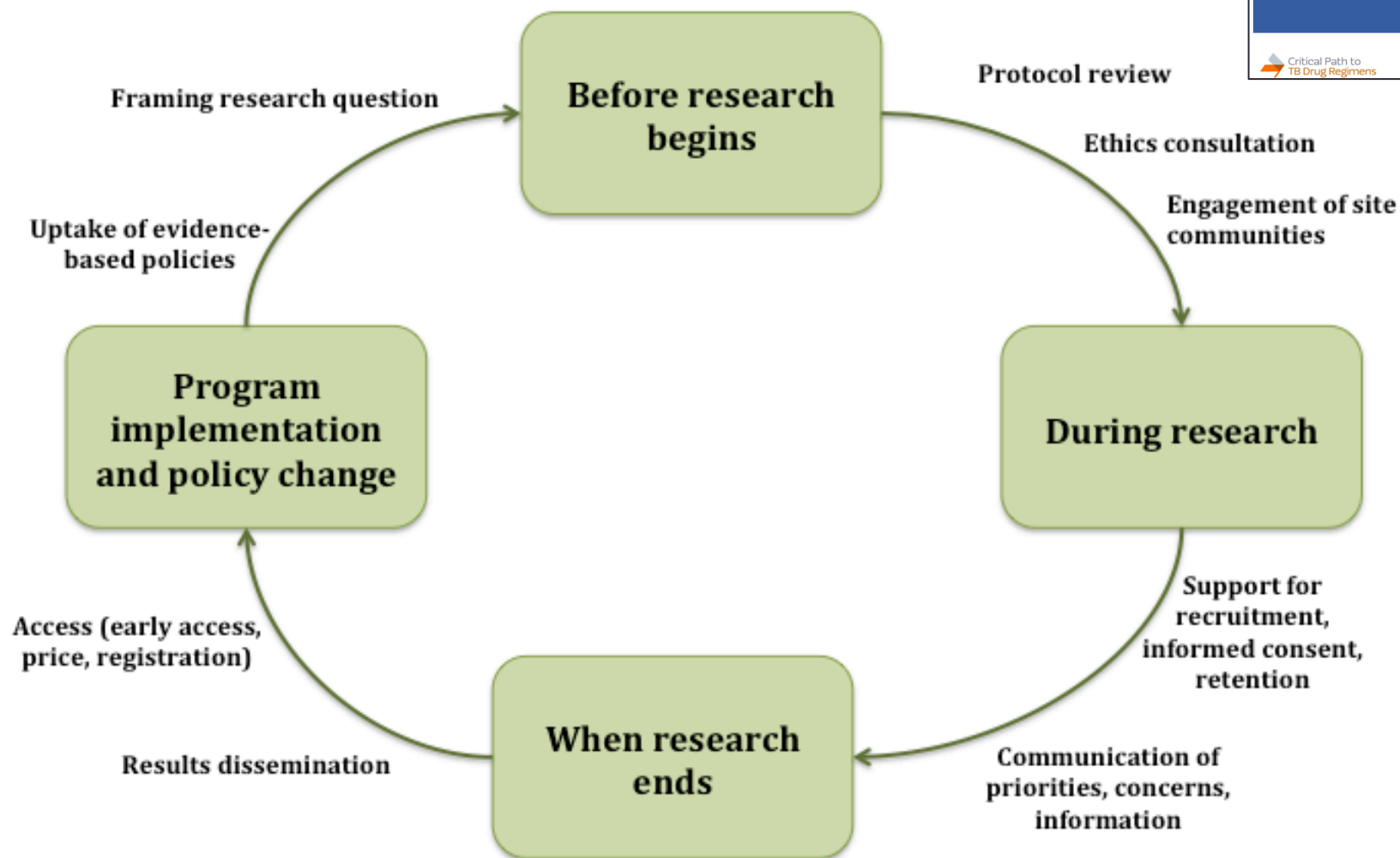
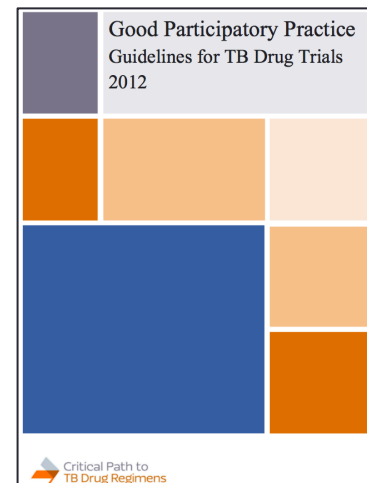
ICESCR Article 15

The right to enjoy the benefits of scientific progress and its applications

TB research and access to its benefits...

- 1 can either reinforce or resolve ethical dilemmas in TB prevention, diagnosis, treatment and care;**
- 2 can change the way TB is culturally perceived;**
- 3 can galvanize advocacy and clarify social or legal petitions for redress of TB-related harms.**

PUTTING COMMUNITY VOICES INTO TB RESEARCH



ADVOCATING FOR ACCESS

DIAGNOSTICS-- ACCESS PRIORITIES

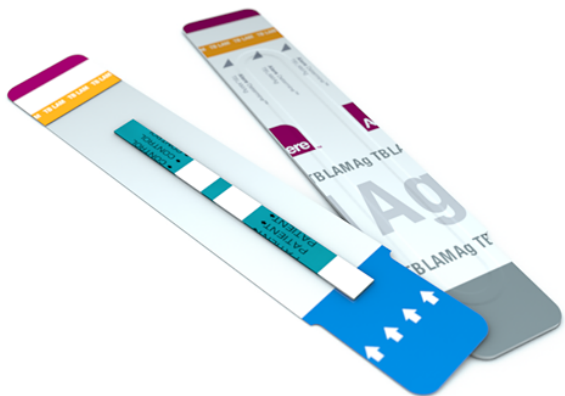
- **GeneXpert MTB/RIF ULTRA** as the initial test for **ALL**
- **Second-Line Line Probe Assay** for determining who is eligible for shortened regimen
- **Liquid culture (MGIT)** for full drug susceptibility testing AND monitoring treatment
- **TB LAM (Determine TB LAM Ag)** for people with HIV with CD4 < 100 / advanced disease

*And don't forget other important tools to monitor side effects and guide treatment choice, e.g. **audiometry!!!***

And remember—you can order TB diagnostics through the GDF!

TB LAM test: USE IT OR LOSE IT!

- Lateral flow urine lipoarabinomannan (LAM) assay
- LAM is an antigen in mycobacterium cell walls
 - thought to be present only in people with active TB disease
 - more present in people with immunosuppression from HIV
- Simple, dipstick test– only truly POC test
- Costs just USD \$3.50 / test
- Only test with demonstrated mortality benefit
- In 2015, WHO said TB LAM may be used in **people with HIV** with CD4<100/mm³ or who are seriously ill
 - NOT recommended for any other population



Source: http://www.who.int/tb/areas-of-work/laboratory/policy_statement_lam_web.pdf

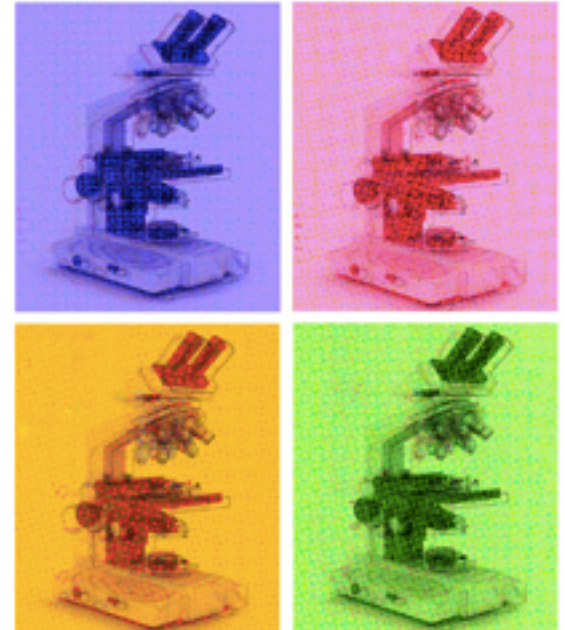
Peter et al. Lancet 2016. [http://dx.doi.org/10.1016/S0140-6736\(15\)01092-2](http://dx.doi.org/10.1016/S0140-6736(15)01092-2).

Photo from Alere

CAPACITATION FOR LOCAL/ NATIONAL ADVOCACY



AN ACTIVIST'S GUIDE TO Tuberculosis Diagnostic Tools



FEBRUARY 2017

TAG
Treatment Action Group

INDIA'S #BROKENTBPROMISES



Interrupting Indian Director General of Health Services Dr. Jagdish Prasad at Union Conference (Liverpool, UK October 2016)

<http://www.deccanchronicle.com/world/europe/281016/dg-of-health-services-calls-activists-unstable-at-conference-on-tb.html>

JOIN THE MOVEMENT

Researchers, clinicians, and policymakers
can also be great, powerful advocates

Sign up to take action!

<http://bit.ly/2rJGKO1> OR

www.treatmentactiongroup.org/tb -- click on
the TB Research Action Network hyperlink

Questions/Comments/Thoughts?

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THANK YOU!

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