

#StepUpforTB Activist Guidebook



About Tuberculosis & TB Practices



OUT OF STEP
REPORT

The Out of Step report



#StepUpforTB

The #StepUpforTB Campaign



TB best practices



How can you help?



About Tuberculosis & TB Practices

Tuberculosis (TB) continues to cause unnecessary illness and death. It is the world's leading infectious disease killer – causing 1.8 million deaths a year – but it can be prevented, treated and cured. The latest diagnostic tests can quickly and accurately diagnose TB. New medicines and regimens have revolutionized treatment. Despite this, many countries are using outdated policies, practices and tools.

Failure to implement best practices, outdated TB practices and missed opportunities to improve treatment for drug-resistant (DR) TB threaten to halt progress against the world's TB epidemic.

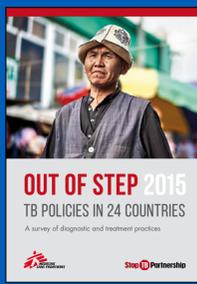
It is not enough to simply say that we must end TB by 2030. Instead, we must identify and act upon the policy gaps that prevent people affected by TB from getting diagnosed, treated and cured.



The Out of Step report

In 2014, Médecins Sans Frontières (MSF) released the first Out of Step report, highlighting deadly gaps in the TB response in eight countries. In 2015, MSF and the Stop TB Partnership released the second Out of Step report, which surveyed 24 high burden countries. These reports found that many countries need to take bold steps to bring their policies and practices up to date with the latest international standards.

This year, MSF and Stop TB will release a third Out of Step Report highlighting TB policies and practices for diagnostics, treatment, models of care, drug regulation and prevention in 30 countries that are home to approximately 80% of the global TB burden.



DOWNLOAD THE OUT OF STEP REPORT



The #StepUpforTB Campaign



stepupfortb.org

MSF and Stop TB have launched the #StepUpforTB campaign to encourage governments to accelerate implementation of the most critical policies and guidelines. The #StepUpforTB campaign provides a checklist of the 15 key policy areas that must align with World Health Organization (WHO) international guidelines.

The #StepUpforTB Campaign focuses on countries with a high TB burden. It will identify the reasons for the continuing spread of TB and drug resistance. #StepUpforTB aims to inform the TB community's advocacy, and activate public pressure on governments in high burden TB countries; the goal is to have these countries implement international TB guidelines by World TB Day 2018.

The #StepUpforTB campaign exposes the clear, practical, and measurable steps that TB endemic countries must take to end TB worldwide, and gives advocates the power to participate in pressuring governments to adopt these specific measures.



TB best practices

International guidelines help point the way towards optimizing diagnosis, care and treatment as well as models of care and operational strategies to improve patient outcomes. Countries need to adopt and implement these policies at the national level to close deadly diagnostic and treatment gaps.

National policy and practice targets allow advocates to call for the halt of "regressive" policies that do not align with the policy and practice targets and place undue burdens on people with TB, ignore the realities of HIV/TB co-epidemics, and lead to unnecessary transmission, amplification of drug resistance, suffering and death caused by TB/DR-TB.

The following checklist outlines the 15 key policy areas that must align with WHO/ international guidelines to significantly reduce sickness and death.

TB Programme Checklist:

1 DIAGNOSTICS

- Nobody has to pay for a TB test out of pocket.
- WHO-recommended tests (i.e. Xpert) are used as the initial diagnostic tool for all adults and children with suspected TB.
- Everyone has access to second-line drug-susceptibility testing to identify cases of drug resistant TB early.

2 MODELS OF CARE

- Drug-susceptible TB treatment can be initiated at the primary care level, and drug-resistant TB treatment can be initiated at the district care level.
- Compulsory hospitalisation is not required.
- Anti-retroviral therapy is immediately available for all people diagnosed with HIV.

3 DRUG REGULATION

- National TB programmes use quality-assured drugs.
- Patients need a prescription to access TB drugs.
- Governments allow accelerated registration on TB drugs to ensure life-saving treatments are available to patients as quickly as possible.

4 DR-TB TREATMENT

- Treatment practices are in line with WHO guidance.
- TB drugs recommended by WHO for treatment of drug-resistant TB are on the national Essential Medicines List.
- New drugs are made available via import waivers until they are fully registered in the country.

5 DS-TB TREATMENT

- Daily fixed-dose drug combinations are the standard treatment regimen.
- Treatment practices, including for children, are in line with WHO guidance.
- People in regular contact with TB patients are screened for TB, and any children or people living with HIV receive preventative therapy.

1 Diagnostics

Many TB cases are diagnosed based only on symptoms and clinical judgment, instead of laboratory confirmation. In addition, the WHO reports that millions of people with TB worldwide have not been diagnosed - or notified to National TB Programmes.

Scale up of Xpert MTB/RIF, a molecular test that can deliver results in less than two hours, including identifying rifampicin resistance, could help fill this gap by increasing the proportion of people with bacteriologically confirmed TB who are started on treatment. The Xpert MTB/RIF will help to identify the number of people worldwide with DR-TB, and help ensure they are started on the right treatment.

Some countries still do not use molecular tests to diagnose TB. Of the countries that use these tests, most do not recommend that they are the first test used to diagnose TB.

Governments must roll out Xpert molecular tests across the country and create guidelines for their use as the initial diagnostic test for everyone.

2 Models of care

Reduce hospitalization:

People with DR-TB should not be treated in hospitals unless they require it. Medicines and hospitalization contribute up to 90% of the cost of DR-TB care.

Decentralize treatment initiation:

We should decentralize treatment to increase access to TB diagnostic and treatment services, decongest large health facilities, reduce the distance patients have to travel to receive TB services, improve treatment outcomes, and reduce patient loss to follow-up.

3 Drug regulation

All national TB treatment guidelines, standard treatment regimens, and Essential Medicines Lists should be updated regularly to include all necessary TB treatments. Not doing so may hinder national TB programmes from accessing the required drugs - leaving patients without necessary treatment.

Important 'companion' drugs for treating DR-TB must be included in the national Essential Medicines List and treatment guidelines, so that patients will receive effective regimens. If this is not done, these important 'companion' medicines may not become part of the standard of care, and it may be more difficult for countries to import them.

Countries must include Group 5 medicines and the fixed-dose combinations (FDCs) in their national treatment guidelines so they can benefit from programmes that increase access to new TB treatments, and help DR-TB patients can get the medicines they need. Compassionate use programmes have been recommended by the WHO to provide early access to new treatments for TB and other diseases. But compassionate use programmes are only offered to a very specific group of patients. Fast track registration reduces the time required for medicines to reach the patients. But countries cannot participate in either of these programmes unless their treatment guidelines include the Group 5 medicines and FDCs.

4 Drug-resistant TB treatment

Effectively managing TB and DR-TB means that people must get the right treatment as soon as possible, at no charge and close to where they live. It's important that patients receive a confirmed diagnosis and are put on the appropriate treatment for DR-TB. Effective treatment improves treatment outcomes and helps to ensure that no further resistance is generated.

The WHO recommends that its Category II re-treatment regimen (which adds a single drug to a potentially failing regimen), only be considered for areas where there is a low risk of DR-TB. This is because this regimen has poor outcomes in countries with high rates of DR-TB and HIV co-infection. But many countries with high rates of DR-TB still recommend category II treatment - which means many people are not getting the quality care they need.

To improve treatment outcomes, governments must scale up access to treatment for DR-TB so that all diagnosed patients start treatment, and must implement WHO re-treatment guidelines. Correctly and promptly treating DR-TB patients is crucial to containing the spread of drug resistance.

5 Drug-sensitive TB treatment

Ensuring access to appropriate treatment for drug-sensitive (DS-TB) is an essential measure to help stop further generation of drug-resistance. DR-TB often arises due to improper use of medicines in the treatment of DS-TB hence successful treatment of DS-TB will play a role in reducing the number of people suffering from DR-TB.

Patients with DS-TB should be treated with FDCs, since they improve treatment outcomes. All national TB treatment guidelines, and Essential Medicines Lists should be updated regularly to include all WHO-recommended TB drugs and FDCs so that national TB programmes can provide effective treatment for patients who need these medicines.



How You Can Help

Join the campaign to learn about different actions you can take to effect change. Today, you can add your name to a letter calling on Ministers of Health to adopt the necessary policies and practices from the #StepUpforTB checklist.

You can also **download a template letter** to send to your Minister of Health directly.

We encourage you to film yourself saying this script below to encourage others to visit the #StepUpforTB **campaign website** and get involved.

The Video Script:

- Each day, 4,900 people die from TB.
- By the time I finish telling you this urgent message, the death toll of TB will rise by two more.
- The reality is that the drugs and strategies to end TB worldwide already exist.
- Strong policies and guidelines form the foundation for a strong and comprehensive TB response that leaves no one with TB behind.
- But governments are failing to enact the necessary guidelines and policies to combat the disease.
- This means that thousands are dying simply due to policy gaps.
- That's why we must join together to pressure the governments of TB endemic countries to enact policies that align with the World Health Organization's best practices and recommendations.
- You can help by joining the #StepUpforTB campaign today - go to www.stepupfortb.org to learn more.
- Film yourself sharing this message to encourage others to join the #StepUpforTB campaign.
- With your help, we can end this terrible disease.