

The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

TB and COVID-19: Finding Synergies to Advance the Fight.

Thursday 7th May 2020

Chairpersons: Ingrid Schoeman and Dr Masoud Dara

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The Union



worldlunghealth.org

ABSTRACT AND SESSION SUBMISSIONS: DEADLINE 11 MAY

The Union World Conference brings the latest science and research to the world's stage. This research plays a vital role as countries across the globe search for solutions to COVID-19 and struggle to ensure continuity of existing health systems.

Presentation

Reflections on the impact of COVID-19 on people affected by TB and their role in the fight against COVID-19 and TB

Ingrid Schoeman, TB Proof.

1. Impact of COVID-19 on TB detection, treatment and care in India.

Dr KS Sachdeva, Indian NTP

2. How TB programmes shall survive the pandemic.

Dr Masoud Dara, WHO Regional Office for Europe

3: Global Fund support to the COVID-19 response and to mitigate the impact on TB

Dr Eliud Wandwalo, The Global Fund

Questions and Answers will follow the presentation.

TB & COVID-19

Ingrid Schoeman



www.facebook.com/TBproof | www.tbproof.org

1. My story

From dietitian to TB patient to TB activist



www.facebook.com/TBproof | www.tbproof.org

2. Synergy between COVID-19 & TB

TB affected communities: our risks and our opportunities

Risk of increased TB transmission

- TB screening and testing: Patients with TB are avoiding clinics due to fear and uncertainty. Many people presenting with TB symptoms are now screened for COVID-19, not TB.
- TB support: Lack of access to treatment support groups and further lack of access to information if they do not have internet access.

2. Synergy between COVID-19 & TB

TB affected communities: our risks and our opportunities

Opportunities for increased awareness about TB:

- Overlap in signs, symptoms, key populations: piqued interest
- Infection prevention and control: destigmatisation of masks

COVID-19 Coronavirus And Tuberculosis: We Need A Damage Control Plan



Madhukar Pai Contributor @
Healthcare

I write about global health, infectious diseases, and equity

Weekend Arous

ON SATURDAY

■ PANDEMIC

Virus puts TB in the spotlight

CHELSEA GEACH
chelsea.geach@iel.co.za

PEOPLE are quick to panic over a handful of Covid-19 cases and zero deaths in our country, but when it comes to tuberculosis (TB), which kills thousands of South Africans every month, nobody wants to listen.

Western Cape Health MEC Dr Noma-french Mboombo drew the comparison between the two infectious respiratory diseases while addressing media about the Covid-19 pandemic this week.

"It's the same practices by the way (to prevent transmission) – the washing of hands, the coughing etiquette, don't touch your face – but when you talk about TB, no one listens," Mboombo said.

According to the World Health Organisation, 63 000 people died of TB in South Africa in 2018.

Globally, 10 million people fell ill with TB in the same year, and it is the leading cause of death from infectious disease worldwide by a large margin.

One in every four people in the world is infected with TB, although the majority of infections will remain latent,

with only 5-10% of those developing into symptomatic disease.

South Africa's staggering burden of TB makes many people more vulnerable to the new coronavirus – but it may also have given hospitals the perfect preparation to deal with the pandemic.

"The existing training that health facilities have on preventing TB from spreading is also applicable to Covid-19. "In some ways, health facilities in South Africa have better preparation than those who do not commonly work with TB," said TB Proof, an international TB advocacy organisation.

It was founded by health-care professionals in Cape Town, many of whom survived TB after they were exposed to it while treating patients.

TB Proof chairperson Dr Helene-Mari van der Westhuizen, who is currently completing her PhD in infection control at Oxford University, said the two diseases complemented each other in both damaging and positive ways.

"The two epidemics are not separate. "TB can lead to long-term lung damage, making people more susceptible to viral infections like Covid-19.

"And a potentially debilitating disease caused by Covid-19 can increase the risk of new TB infection – a vicious cycle of complimentary infections."

But on the positive side, the immense public awareness around preventive measures implemented for Covid-19 will have an impact on reducing TB transmission too.

"Covid-19 has received a major amount of media and political attention in the last few months.

"TB struggles to garner similar public attention.

"TB kills more than 4000 people every day, but this happens silently and largely unnoticed by the mainstream media and senior public figures.

"But when it comes to infectious diseases and suffering, it is not a competition. "Just like TB, Covid-19 poses a serious risk to millions of people all across the world, including in South Africa.

"Now is not the time to debate whether TB or coronavirus should worry us more," Van der Westhuizen said.

See pages 2, 4, 11, 12, 13 & 15



DAILY MAVERICK

COVID-19
Online Resource & News Portal

CORONAVIRUS

Why we need an about-face on masks

By Helene-Mari van der Westhuizen, Nathan Green, Atiya Mosam, Dirk von Delft, Jesse L. Werner and Arne von Delft

#MASKS4ALL

BECOME A MAVERICK INSIDER

3. Community health workers

Advocacy asks

Community health workers are **heavily relied on** to support health system preparedness.

How can we match their commitment?

We call on governments to ensure:

- High quality training on TB & COVID-19
- Provision of personal protective equipment (Occupational Health & Safety Act)



Thank you



www.facebook.com/TBproof | www.tbproof.org



Ministry of Health and Family Welfare
Government of India



Synergies in TB and COVID-19 response:

Existing scenario & way forward in India

Dr K S Sachdeva
MoHFW, Government of India

07th May 2020



Structure of presentation

- **COVID-19**

- Burden, Testing, Country Response & Hotspot identification

- **Tuberculosis**

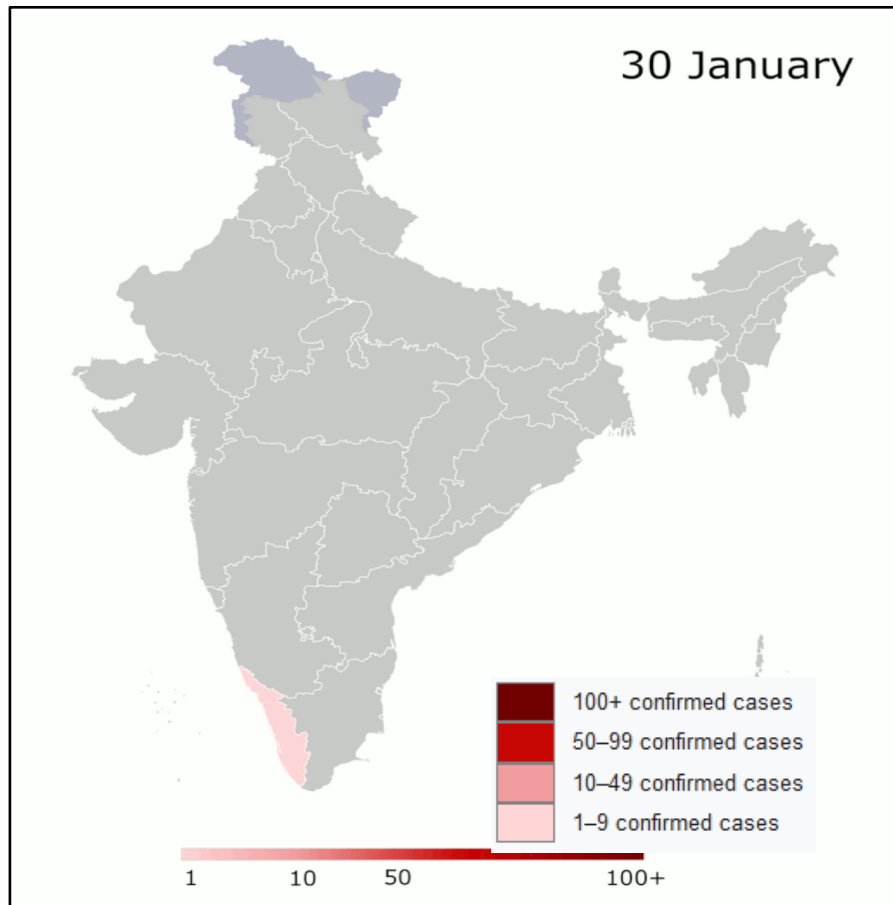
- Impact on NTEP & Mitigation measures

- **COVID-19 and TB: Synergy in ongoing activities**

- Human Resources, Diagnosis & Treatment

- **Opportunities for collaboration**

COVID-19 burden

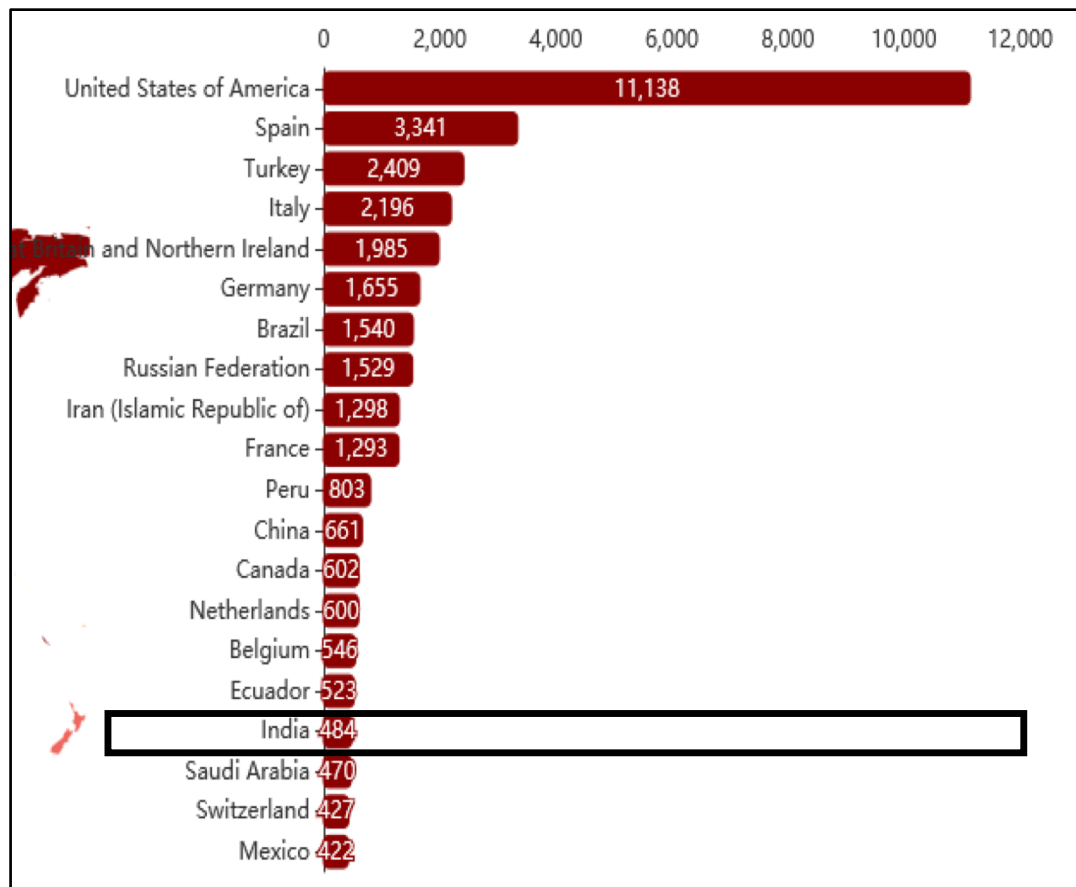


- 1st case of COVID-19 reported on **30th January 2020**
- **33/36 State & UTs** have reported cases
- **49,391 cases** of COVID-19 confirmed (06th May 2020)
- 14183 - Cured/ discharged/ migrated and 1694 deaths

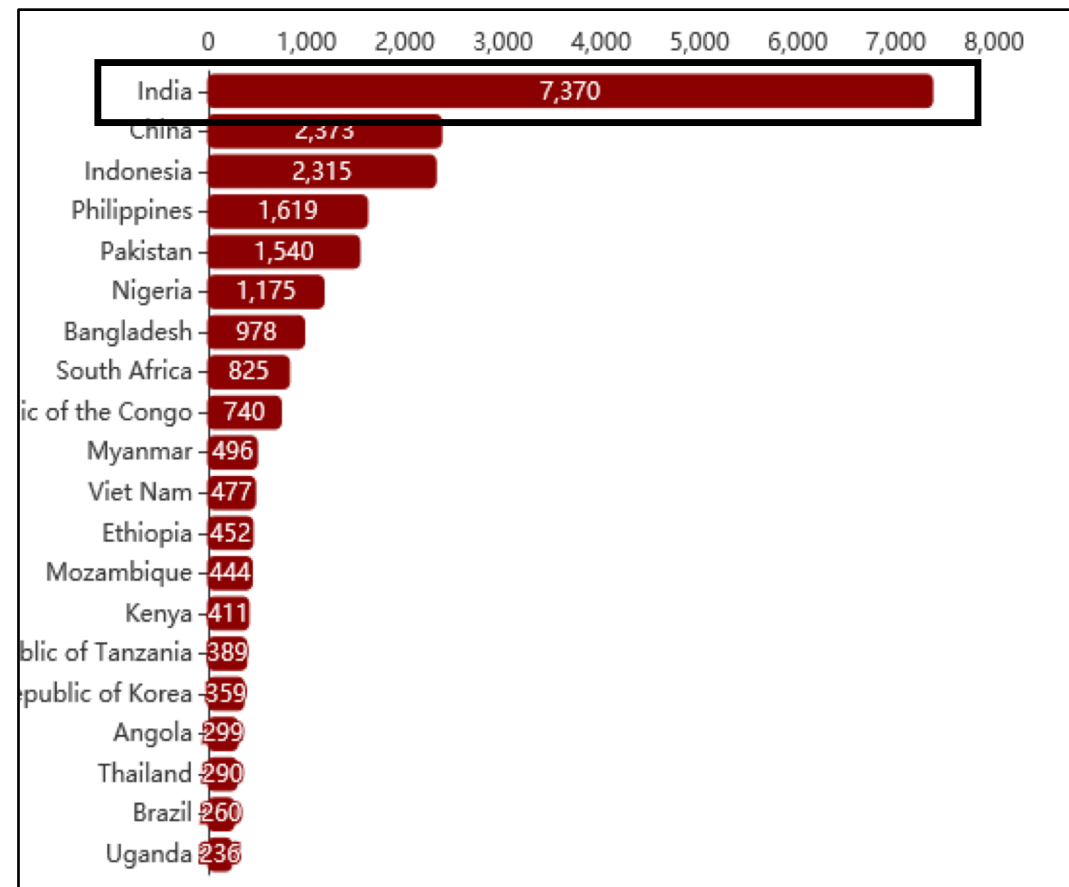
[https://commons.wikimedia.org/wiki/File:COVID-19 India Total Cases Animated Map.gif](https://commons.wikimedia.org/wiki/File:COVID-19_India_Total_Cases_Animated_Map.gif). Accessed on 06th May 2020
<https://www.mohfw.gov.in/>. Accessed on 06th May 2020

COVID-19 vs TB burden

People getting sick with COVID-19
(average per day)



People getting sick with TB
(average per day)

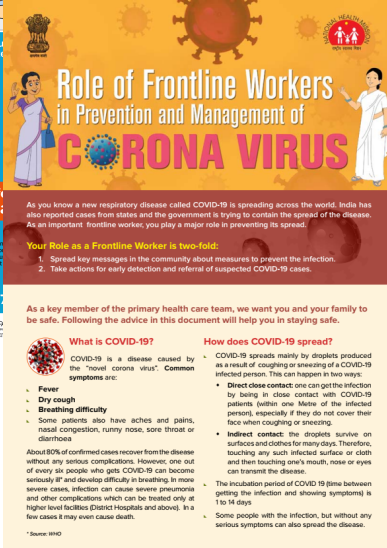
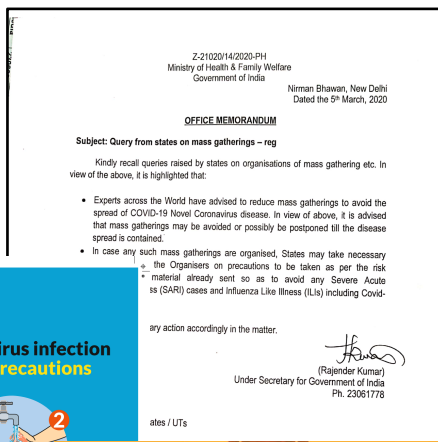
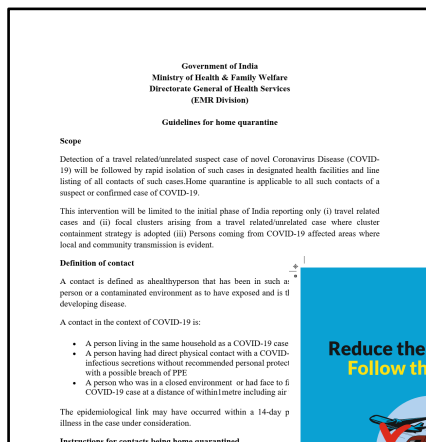


COVID-19 testing



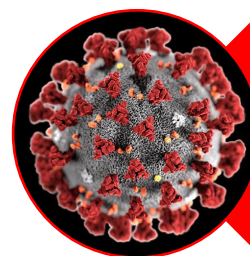
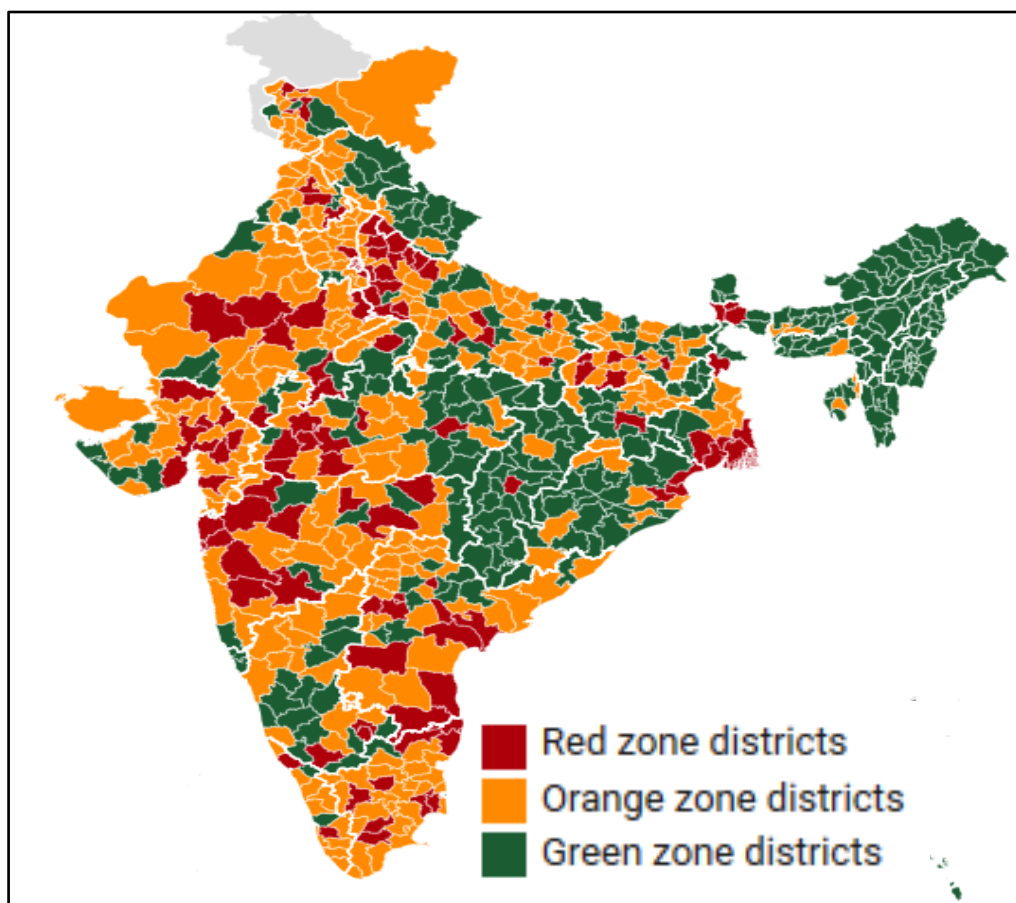
- **439 labs** operational across the country including: -
 - **Real-Time RT PCR - 366**
 - **45 TrueNat labs - 45**
 - **Xpert Labs – 28**
- **1,276,781 samples** tested as on 06 May 2020

Country response to COVID-19



- Most stringent Nation-wide lockdown in place from 25th March 2020
- Guidelines, protocols and advisory for quarantine, isolation, testing including for Rapid Diagnostic Tests, treatment, disease containment, decontamination, social distancing, precautions and surveillance issued

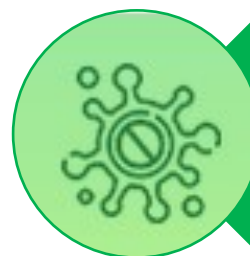
COVID-19 Hotspot identification



129 districts

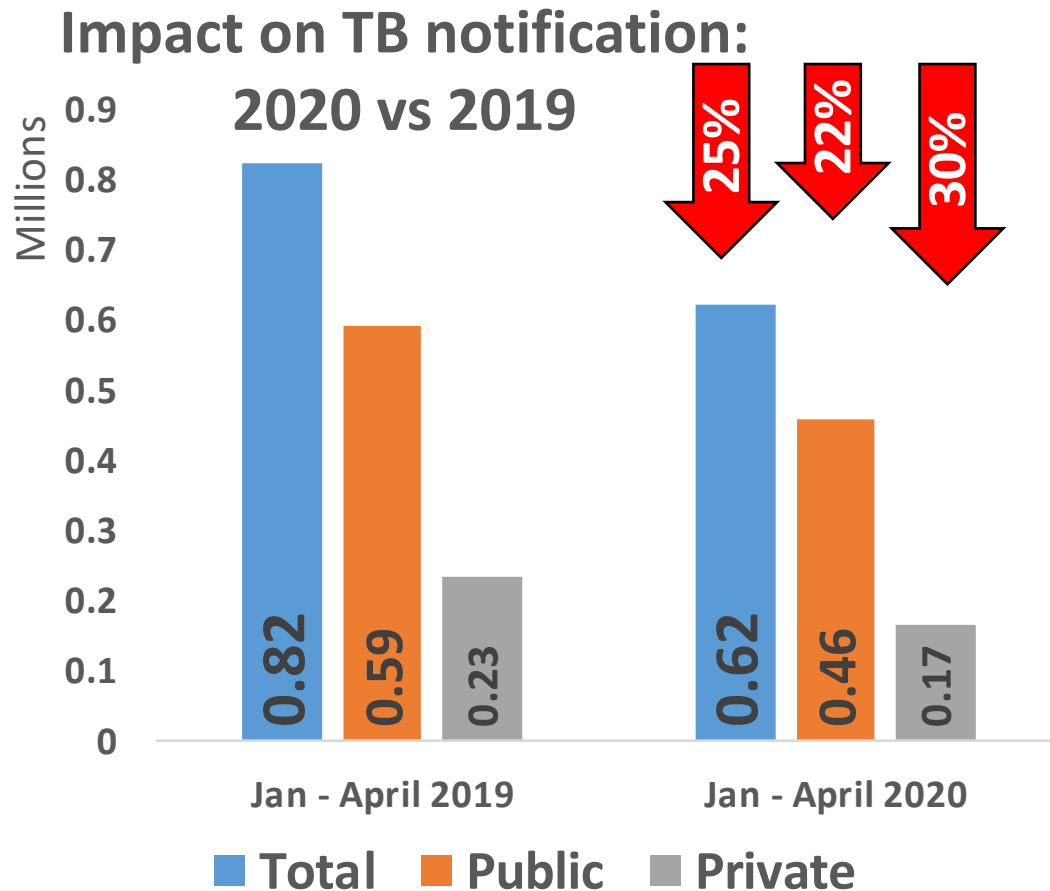


297 districts



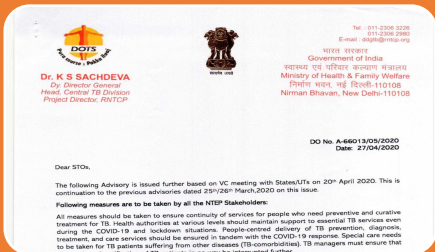
307 districts

Impact of COVID-19 on National TB Elimination programme

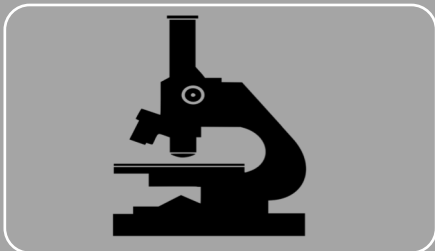


- Overall **0.2 million** decline in TB notification during Jan-Apr as compared to previous year
- Nearly **25% decline** in CBNAAT testing till March 2020
- NTEP personal engaged in COVID-19 response at all levels in administrative, technical and service delivery activities

Mitigation measures under NTEP



Advance directives to ensure continuity of TB services and review with States/Districts



Guidance on TB diagnostic labs remaining functional and usage of Personal Protective Equipment by Laboratory staff



Provision of extended duration of drugs, door-step delivery and advisory on extra precaution for TB patients

COVID-19 and TB: Synergy in ongoing activities



Human resources



Diagnosis



Treatment

Synergy in Human Resources

National

- Technical assistance in developing strategies aligned to National Policy for combating disease outbreaks

State

- Resource pool of trainers in-place
- Adoption of guidelines to local context

District

- Liaisoning for developing surveillance strategies
- Support in undertaking Contact tracing activities

Synergy in Diagnosis



Decentralizing COVID-19 testing with Indigenous TrueNat labs



Utilizing CBNAAT labs to increase testing capacity



Leveraging TB containment facilities & supporting institutional based screening

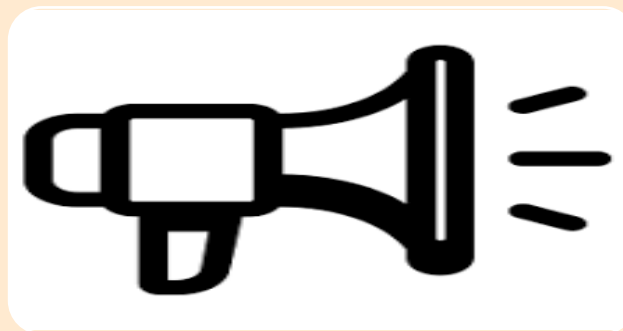
Synergy in Treatment



Drug Resistant TB
wards as Isolation
units



Call centres
services leveraged
- 140,000 COVID-
19 calls handled



Awareness
activities focussed
on Infection,
Prevention and
control activities

Opportunities for collaboration

Widespread diagnostic network

IPC measures & Contact investigation

Advanced Digital interventions

Thank you



Tuberculosis programmes and the COVID-19 Pandemic

Dr Masoud Dara, 7 May 2020



Disclaimer



Medicine is an ever changing science



Tuberculosis versus COVID-19

Issue	Tuberculosis	COVID-19
Infesting human	>70,000 years	Since December 2019
Onset	Often slow	Acute
Diagnosis	Laboratory, X-ray, Clinical	Laboratory, CT scan, Clinical
Treatment	Antimycobacterial agents	Supportive/Clinical trials ongoing
Stages of the disease/immunity	Latent/Active	Pre/asymptomatic, mild to severe, cytokine storm/Kawasaki
Transmission	Aerosols	Mainly droplets, fomites
Infection Prevention	Airborne infection control (administrative, environmental and respiratory protection)	Physical Distancing/Lockdown, hand hygiene, cough etiquette, disinfecting surfaces, face masks
Active case finding	Contact tracing, screening of risk groups	Contact tracing
Prophylactic treatment	+	-/ Not yet
Vaccine	BCG, infant	-/ Not yet
Lives lost/economic impact	1.5 million people / 12 billion USD annually	So far around 240,000 people / 2 trillion USD in 2020
Resource Mobilization	Slow	Rapid

Source: Adapted from "New diseases and old threats: lessons from tuberculosis for the COVID-19 response" INT J TUBERC LUNG DIS 24(5): 2020 The Union

We shall address the key challenges

1. Lockdowns with limited access of people to health services
2. Deprioritized TB & other health programmes
 - a) Repurposing health care staff for COVID-19
 - b) Restructuring of inpatient (and outpatient) services
 - c) Use of TB diagnostics for COVID-19
 - d) Lack of funding for TB interventions
3. Interruption in availability and access to medicines and supplies
4. Stigma and discrimination
5. Reprioritization of Research and development
6. Mental Health, aging and non communicable diseases
7. Immunization (BCG)

Prepare before COVID-19 wave(s)

1. Include TB, HIV and Hepatitis interventions in the list of essential health services
2. Maximize prioritized detection (intensify active case finding, mobile/outreach, screening of prisoners/other risk groups)
3. Stockpile and distribute adequate medicines and supplies/OST at national and local levels
4. Reinforce infection prevention control hierarchy, lab biosafety and general precaution
5. Ensure early detection of COVID-19 among TB patients and HCWs
6. Scale up alternative models of care which can be sustained during the pandemic
7. Ensure social support and poverty reduction measures are in place
8. Address risk factors for TB and COVID-19 (smoking, diabetes, cardiovascular diseases, chronic respiratory diseases, air pollution)
9. Horizon-scan basic, clinical and translational research (mobile technology, social contracting, precision Medicine, artificial intelligence)
10. Ensure infrastructure/readiness for teleworking/e-learning/digital health/drills

Programmatic priorities during the Pandemic

1. Safeguard access to quality medicines and supplies
2. Ensure continuity of treatment & care (home based/mobile treatment, video-supported tx)
3. Use synergic approaches (contact tracing and testing for COVID-19 and TB)
4. Reinforce infection prevention and control in facilities (administrative/physical distancing, limited visitors, adequate ventilation, environmental control, masks/respirators)
5. Ensure early testing for COVID-19 (staff, TB patients)
6. Carefully repurpose staff
7. Be aware of and address drug-drug interaction for treatment of COVID-19/TB coinfection
8. Rationalize use and monitor the use of dual purpose diagnostic equipment/use
9. Document best clinical management for coinfection

Programmatic priorities during the recovery phase of COVID-19 pandemic



1. Prioritize funding/resource mobilisation for health systems and particularly interventions affecting the most vulnerable groups
2. **Attract, support, protect and retain Health Work Force**
3. Find the missing patients, intensify outreach activities
4. **Ensure access to quality medicines and supplies and effective treatment for all**
5. Document the lessons learnt during the Pandemic (quantitative and qualitative research)
6. **Pursue social mobilization/ health education/Cough etiquette /hand hygiene**
7. Address stigma & discrimination
8. **Pursue the necessary reforms for sustaining effective and efficient integrated people-centered care**
9. Ensure follow-up of COVID-19 survivals for pulmonary fibrosis/other sequels



Together we shall **MOBILISE** for better impact

1. **M**ap countries' priorities & identify health programmes' synergies
2. **O**versee gender-sensitive, human rights and pro-equity approach (vulnerable groups, key population)
3. **B**roaden the existing and build new partnerships
4. **I**mplement evidence-base interventions and build further evidence
5. **L**eapfrog with high impact deliverables/quick gains
6. **I**ntegrate lessons learned based on robust monitoring, accountability and performance evaluation
7. **S**ecure resource mobilization and their efficient use
8. **E**ffectively communicate through human face the vision, mission, objectives, outputs and impact

Acknowledgements



WHO Regional Office for Europe colleagues (Dr Soudeh Ehsani, Dr Ogtay Gozalov, Dr Giorgi Kuchukhidze)



Together we can build a healthier world
Thank you very much for your attention



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Европейское региональное бюро



THE GLOBAL FUND COVID-19 RESPONSE MECHANISM

C19RM

 The Global Fund

UNITE^{to} FIGHT

C19RM: OBJECTIVES & ELIGIBILITY

US\$500 MILLION

C19RM initial funding

ELIGIBILITY: countries with current GF grants

Funding may be for:

- Mitigating the impact of COVID-19 on HIV, TB, and malaria programs
- Reinforcing the national COVID-19 response
- Urgent improvements in health and community systems



FUNDING REQUEST FORM OVERVIEW

SECTION 1: FUNDING REQUEST

Context

Country Context

Inclusive engagement

Priority 1: Primary Funding Request

Calculate available funds for Priority 1

Priority 1 proposed activities

Priority 2: Additional Funding Request

Priority 2 proposed activities

Implementation

Implementation arrangements for each activity

SECTION 2: COORDINATION

Other funding applications?

Donor & focus of funding request

Application status

Sum approved

ANNEXES

Annex 1: Doc Checklist

CCM Endorsement of Funding Request

National COVID-19 Response Plan

Funding applications to international donors

Annex 2: Requesting Diagnostic Tests

FUNDING PRIORITIES



Priority 1: Primary Funding Request

Funds immediately available for eligible countries: 3.25% of total 2020-2022 allocation

Priority 2: Additional Funding Request

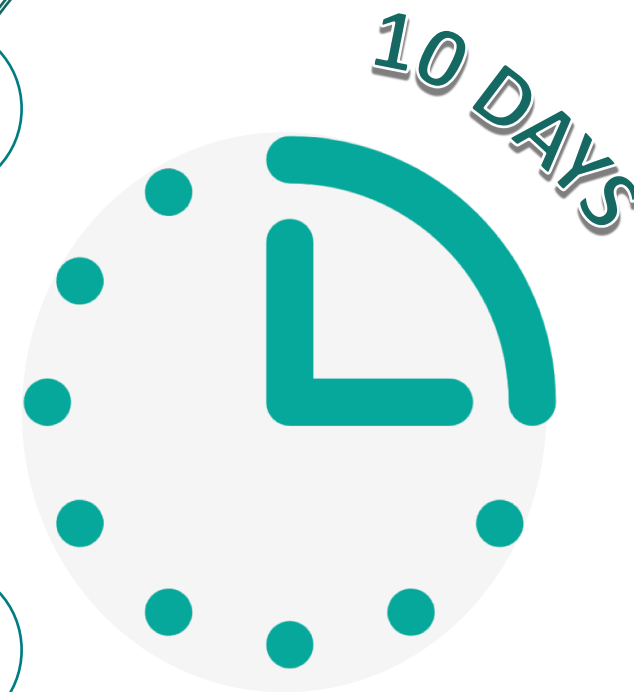
In case additional funding becomes available

TIMELINE

CCMs asked to submit by **31 May 2020**
C19RM@theglobalfund.org

Secretariat reviews application

Immediate decision on Priority 1 funding request with
response in 10 working days





THANK YOU & QUESTIONS



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Questions can also be submitted to
C19RM@theglobalfund.org

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Health solutions for the poor

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Questions?

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THANK YOU

Register now for next week's webinars Tuesday 12 May:

10.00-11:30 CEST

APCAT Webinar: Government accountability in responding COVID-19, NCDs and Tobacco Use

15.00-16.00 CEST

Respiratory protection against TB and airborne infectious diseases including COVID-19

Join us in championing change for lung health.

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100

A CENTURY OF LEADERSHIP
IN LUNG HEALTH

worldlunghealth.org

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