Thursday 7th May 2020

Chairpersons: Ingrid Schoeman and Dr Masoud Dara

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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.
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
1. My story
From dietitian to TB patient to TB activist
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
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
Synergies in TB and COVID-19 response:

Existing scenario & way forward in India

Dr K S Sachdeva
MoHFW, Government of India

07th May 2020
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

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

https://commons.wikimedia.org/wiki/File:COVID-19_India_Total_Cases_Animated_Map.gif. Accessed on 06\textsuperscript{th} May 2020
https://www.mohfw.gov.in/. Accessed on 06\textsuperscript{th} 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

[map of India showing COVID-19 testing labs]

https://www.icmr.gov.in/ Accessed on 06th 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

Impact on TB notification: 2020 vs 2019

<table>
<thead>
<tr>
<th></th>
<th>Jan - April 2019</th>
<th>Jan - April 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0.82</td>
<td>0.62</td>
</tr>
<tr>
<td>Public</td>
<td>0.59</td>
<td>0.46</td>
</tr>
<tr>
<td>Private</td>
<td>0.23</td>
<td>0.17</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Tuberculosis</th>
<th>COVID-19</th>
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<tbody>
<tr>
<td>Infecting human</td>
<td>&gt;70,000 years</td>
<td>Since December 2019</td>
</tr>
<tr>
<td>Onset</td>
<td>Often slow</td>
<td>Acute</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Laboratory, X-ray, Clinical</td>
<td>Laboratory, CT scan, Clinical</td>
</tr>
<tr>
<td>Treatment</td>
<td>Antimycobacterial agents</td>
<td>Supportive/Clinical trials ongoing</td>
</tr>
<tr>
<td>Stages of the disease/immunity</td>
<td>Latent/Active</td>
<td>Pre/asymptomatic, mild to severe, cytokine storm/Kawasaki</td>
</tr>
<tr>
<td>Transmission</td>
<td>Aerosols</td>
<td>Mainly droplets, fomites</td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>Airborne infection control (administrative, environmental and respiratory protection)</td>
<td>Physical Distancing/Lockdown, hand hygiene, cough etiquette, disinfecting surfaces, face masks</td>
</tr>
<tr>
<td>Active case finding</td>
<td>Contact tracing, screening of risk groups</td>
<td>Contact tracing</td>
</tr>
<tr>
<td>Prophylactic treatment</td>
<td>+</td>
<td>+/- Not yet</td>
</tr>
<tr>
<td>Vaccine</td>
<td>BCG, infant</td>
<td>+/- Not yet</td>
</tr>
<tr>
<td>Lives lost/economic impact</td>
<td>1.5 million people / 12 billion USD annually</td>
<td>So far around 240,000 people / 2 trillion USD in 2020</td>
</tr>
<tr>
<td>Resource Mobilization</td>
<td>Slow</td>
<td>Rapid</td>
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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
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. **Map** countries’ priorities & identify health programmmes’ synergies
2. **Oversee** gender-sensitive, human rights and pro-equity approach (vulnerable groups, key population)
3. **Broaden** the existing and build new **partnerships**
4. **Implement** evidence-base interventions and build further evidence
5. **Leapfrog** with high impact deliverables/quick gains
6. **Integrate** lessons learned based on robust monitoring, accountability and performance evaluation
7. **Secure** resource mobilization and their efficient use
8. **Effectively** 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
THE GLOBAL FUND COVID-19 RESPONSE MECHANISM C19RM
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

<table>
<thead>
<tr>
<th>Priority 1: Primary Funding Request</th>
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<tr>
<td>Funds immediately available for eligible countries: 3.25% of total 2020-2022 allocation</td>
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<tr>
<th>Priority 2: Additional Funding Request</th>
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<tbody>
<tr>
<td>In case additional funding becomes available</td>
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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

Questions can also be submitted to C19RM@theglobalfund.org
Questions?

Follow us on:
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LinkedIn The International Union Against Tuberculosis and Lung Disease
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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