

# STOP TB NEWS

April 2010

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## TOP LINE NEWS

### On the move against tuberculosis: World TB Day 2010

This year's World TB Day was marked by a wide range of events around the globe, demonstrating the commitment, creativity and enthusiasm of Stop TB partners.

The [World TB Day 2010 blog](#) features descriptions of partner events—including a [24-hour live music marathon](#) in Italy, a [bicycle rally](#) in India, a [walkathon](#) in Papua New Guinea, a [scientific symposium](#) in Nigeria, [capoeira and street theatre](#) in Brazil, and a worldwide [awareness raising campaign for hotel workers](#)—as well powerful personal stories.

The [World TB Day 2010 website](#) includes [statements of support](#) from UN Special Envoy to Stop Tuberculosis Jorge Sampaio, Global Fund Executive Director Michel Kazatchkine, UNAIDS Executive Director Michel Sidibé, WHO Stop TB Department Director Mario Raviglione, and Stop TB Ambassadors Anna Cataldi, Luís Figo and Craig David (*see next story*). Further statements are available from [UN Secretary-General Ban Ki-moon](#) and [Stop TB Partnership Executive Secretary Marcos Espinal](#).

In addition, the *Financial Times* raised global awareness of TB by publishing a Special Report, "[Combating Tuberculosis](#)", featuring informative articles on a range of TB topics and guest columns by Dr Sampaio, Figo and Craig David.

### Pop star Craig David joins the fight against TB

British R&B singer and songwriter Craig David is lending his voice—which has helped him sell more than 13 million albums in more than 20 countries—to the global fight against TB. David marked his appointment as Goodwill Ambassador Against Tuberculosis for the Stop TB Partnership by participating in events at United Nations Headquarters in New York on World TB Day.

David's aim will be to raise awareness about TB among his millions of fans worldwide. "Music is a universal language. I believe that through people's love of music we can increase knowledge and understanding and support people affected by TB. I hope that people who feel inspired by my music will also feel moved by what I have to say about TB," he said. David travelled to Cape Town, South Africa in March to learn more about TB (*see story in TB PEOPLE, below*).

"Craig can reach people all over the world with messages of hope about our ability to cure TB, and the need to step up the fight against this devastating disease, which causes suffering and death almost everywhere," says Marcos Espinal, Executive Secretary of the Stop TB Partnership. "We are grateful to Craig for his commitment and his belief in this important cause."

[Read more about Craig David as Goodwill Ambassador](#)

## **WHO launches report on drug-resistant TB at record levels**

In some areas of the world, one in four people with TB has a multidrug-resistant form of the disease, says a World Health Organization (WHO) report released on the eve of World TB Day.

For example, 28% of all people newly diagnosed with TB in one region of north-western Russia had the multidrug-resistant form of the disease (MDR-TB) in 2008. This is the highest level ever reported to WHO. Previously, the highest recorded level was 22% in Baku City, Azerbaijan, in 2007.

In WHO's new *Multidrug and Extensively Drug-Resistant Tuberculosis: 2010 Global Report on Surveillance and Response*, it is estimated that 440 000 people had MDR-TB worldwide in 2008 and that a third of them died. In terms of sheer numbers, Asia bears the brunt of the epidemic. Almost 50% of MDR-TB cases worldwide are estimated to occur in China and India. In Africa, estimates show that 69 000 cases emerged, the vast majority of which went undiagnosed.

Tuberculosis programmes face tremendous challenges in reducing MDR-TB rates. But there are encouraging signs that even in the presence of severe epidemics, governments and partners can turn around MDR-TB by strengthening efforts to control the disease and implementing WHO recommendations.

Two regions in the Russian Federation, Orel and Tomsk, have achieved a remarkable decline in MDR-TB in about five years. These regions join two countries, Estonia and Latvia, which have reversed rising high rates of MDR-TB, ultimately achieving a decline. The United States of America and China, Hong Kong Special Administrative Region, have achieved sustained successes in controlling MDR-TB.

Progress remains slow in most other countries. Worldwide, of those patients receiving treatment, 60% were reported as cured. However, only an estimated 7% of all MDR-TB patients are diagnosed. This points to the urgent need for improvements in laboratory facilities, access to rapid diagnosis and treatment with more effective drugs and regimens shorter than the current two years.

WHO is engaged in a five-year project to strengthen TB laboratories with rapid tests in nearly 30 countries. This will ensure that more people benefit early from life-saving treatments. It is also working closely with the Global Fund and the international community on increasing access to treatment.

[Read more about the report](#) (includes download options)

## **World TB Day symposium focused on the private sector held at Reuters Foundation in New York**

Top multinational business and nonprofit leaders met in New York on 23 March to discuss the role of the private sector in curbing the spread of TB.

Speakers from BD, Pfizer Inc, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria, The Aeras Global TB Vaccine Foundation and the Stop TB Partnership highlighted the unique assets businesses can bring to the TB fight, how they can make the greatest impact and "best practices" from the private sector in this critical battle.

John Tedstrom, president and CEO of the Global Business Coalition HIV/AIDS, TB and Malaria (GBC), moderated the roundtable discussion.

Mr Tedstrom set the tone by issuing an urgent "call to action" to the business community. "We need a recommitment from the private sector on engagement in TB in 2010," he said.

Dr. Marcos Espinal, Stop TB Partnership executive secretary, said that his experience with the organization repeatedly reminds him that TB needs a unique approach because it is not a medical problem. "TB is an economic, development and political problem," he said. He emphasized the urgent need for awareness, advocacy and expanded partnerships.

Overall, the participants agreed that strategic partnerships are the key to success, and leveraging the core competencies of the private sector, beyond philanthropy, is essential. In addition, they recognized that building capacity to diagnose and treat TB also creates an infrastructure that can be sustained and applied to other future health crises.

[Link to the video](#)

## TB symposium held in the European Parliament

The symposium Innovate to Eliminate Tuberculosis took place on 24 March at the European Parliament in Brussels. The event was co-organized by the TB Vaccine Initiative, MEP Francoise Grossetête and the European Parliament working group on Innovation, Access to Medicines and Poverty-related Diseases.

Speakers included Suzanna Jakab, WHO Regional Director for Europe; John Bowis, former MEP; Dima Sherembey, All-Ukrainian Network of People Living with HIV; Tido von Schoen-Angerer, executive director of the access to essential medicines campaign, Médecins Sans Frontières; Peter Gondrie, Executive director of the KNCV Tuberculosis Foundation; and Eleni Theocharous, co-chair of the European Parliament Working group on Innovation, Access, and Poverty-related Diseases

Grossetête stressed the importance of EU support for the fight against TB. "The EU research framework programs have widely demonstrated the ability of the EU to be at the forefront of discoveries in the field of immunization. We cannot lose this achievement and decades of investment. The 2020 EU strategy must focus on innovation and research so that tuberculosis will finally belong to the past," she said.

In a speech presented by video, Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB called on Europe to make 2010 a turning point in the fight against TB. Specifically, he called for increased funding for TB research; support for programmes focused on MDR TB and XDR-TB in neighbouring countries with a high level of drug resistance; and creating a TB think tank bringing together key stakeholders.

[Watch the vide of President Sampaio' speech](#)

## NEWS

### Stop TB Partnership launches new initiative to help countries increase TB case detection

January saw the launch of a Stop TB Partnership's [TB REACH](#) initiative, which will award grants of up to US\$ 1 000 000 annually to selected institutions or organizations for projects targeting early and increased infectious TB case detection—especially projects using innovative approaches. As suggested by its name, TB REACH will focus on reaching people who have limited or no access to TB services.

Proposals for the first round of grants have already been submitted and are being evaluated by an independent group of experts—the Proposal Review Committee—with results expected in April.

"For the first time we are launching an initiative devoted specifically to increasing case detection, while targeting people who have limited access to health services. We hope TB REACH will galvanize governments, organizations and affected communities to embrace innovative thinking and ambitious action to reach all people who need TB care," said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. "We wish to acknowledge the support of the [Canadian International Development Agency](#) to this important initiative", he added.

Key information about TB REACH, eligibility criteria for applicants and information on how to apply for a grant are available on its [web pages](#).

### Independent charity evaluator gives Stop TB Partnership top rating

[GiveWell](#) has named the Stop TB Partnership one of the world's two most worthy recipients of charitable donations. GiveWell is an independent charity evaluator currently focused on international aid. The group started as a group of donors looking to accomplish as much as possible with their own giving; since launching in mid-2007, they have published research on both American and international causes and been featured in the *New York Times* and the *Wall Street Journal*.

GiveWell ranks organizations according to four criteria. First, they must be proven, meaning they can and do demonstrate their impact in terms of lives changed. Second, they must be cost-effective—

meaning that they change many lives (significantly) for relatively little money. Third, they must be scalable, or able to use more funds productively. And finally, they must be transparent. To read more about GiveWell's assessment of the Stop TB Partnership, read the [GiveWell blog](#) entry from 31 December 2009.

### **Stop TB Partnership a top performer, according to World Bank Independent Evaluation Group**

In February, the [World Bank Independent Evaluation Group](#) published a programme review of the Stop TB Partnership, confirming "the widely held view that Stop TB is the one of the best performing global partnerships in the health sector, based on an analysis of its relevance, efficacy, efficiency, governance, and management" and referring to a 2008 evaluation by McKinsey & Company that concluded that the Partnership has contributed significantly to global efforts to control TB.

The review's summary also points out that "the sustainability of its achievements will depend not only on the Partnership itself but also on its ability to successfully confront new challenges posed by HIV and drug resistance, on the complementary disease-control activities of its donor partners, and on the capacity of high-burden countries to sustain TB control.

[Read the World Bank Programme Review \[.pdf\]](#)

### **Global Fund releases its 2010 results report**

Global Fund-supported programmes have played a key role in recent progress in the global fight against TB, the Fund's latest results report finds.

The report, released in early March, states that TB prevalence in many countries is declining, and the international target of halving TB prevalence could be met by 2015 if the current rate of scaling up investment is maintained. The Fund also projects that virtual elimination of mother-to-child HIV transmissions by 2015 is now within reach, if current rates of progress by Global Fund-supported programs are maintained; and that malaria may be eliminated as a public health problem within a decade in most countries where it is endemic.

"No other area of development has seen such a direct and rapid impact as these investments in fighting AIDS, TB and malaria," said Professor Michel Kazatchkine, the Global Fund's Executive Director.

According to the report, by the end of 2009, Global Fund-supported programs provided treatment to 6 million people who had active TB.

"We congratulate the Global Fund on the achievements highlighted in this report, which bring hope to the millions of people with TB, TB/HIV and MDR-TB. The Stop TB Partnership is honoured to work with the Fund—the world's single largest funder of TB control—and to provide critical mechanisms that are helping countries move forward. These include the [Global Drug Facility](#), the [Green Light Committee](#) and [TBTEAM](#), which facilitates countries' access to a network of technical partners and competent, well-coordinated technical assistance. Through these mechanisms and our vast network of partners, we help ensure the investments of the Global Fund on TB are maximized and wisely used," said Dr Marcos Espinal, Executive Secretary of the Stop Partnership.

Other Global Fund achievements on TB include:

- 1.8 million TB/HIV services provided—a 150% increase since the end of 2008, contributing to the decline of TB prevalence and mortality rates in many countries.
- Approved TB proposals totalling up to US\$ 3.2 billion covering 112 countries—this contributes 48% of the projected coverage required to achieve the Stop TB Partnership targets for the detection and treatment of new smear-positive TB cases.
- The Global Fund provides 63 percent of the external financing for TB and multidrug-resistant TB (MDR-TB) control efforts in low- and middle-income countries; it is the major source of international funding for tuberculosis.

[Download the report and related materials](#)

### **Massive good can come from new online campaign**

In March the [Millennium Foundation](#) launched a new campaign, [MASSIVEGOOD](#), aimed at making it easy for individuals to do their part to help fight tuberculosis, HIV, malaria and other diseases.

People around with world can donate a small amount with a single click whenever they buy a plane ticket, book a hotel room or rent a car through a website. "Our message is quite simple: you can help change the world one click at a time from where you are sitting and join a movement that will do MASSIVEGOOD," said Bernard Salomé, Managing Director of the Millennium Foundation.

Funds raised through the campaign will go to [UNITAID](#), an important donor of the Stop TB Partnership. Through UNITAID, first-line TB treatments have been provided to more than 743 000 people during the past three years.

UNITAID is a major funder of EXPAND-TB, a project supplying diagnostics for multidrug-resistant tuberculosis to high-burden countries. The project is led by the [Global Laboratory Initiative](#) in close collaboration with [FIND](#) and the Stop TB Partnership's [Global Drug Facility](#).

"We welcome this innovative campaign, which could raise millions of dollars every day to fight tuberculosis and other killer diseases," said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. "We encourage all our partners and friends to spread the word—give a click to help stop tuberculosis."

## **NEWS ON AWARDS AND GRANTS**

### **Deadline for the Award for Excellence in Reporting on Tuberculosis is approaching**

The deadline for submitting entries to the Stop TB Partnership Award for Excellence in Reporting on Tuberculosis is 30 April 2010.

The award, which is supported by the [Stop TB Partnership](#) and [Lilly MDR-TB Partnership](#), recognizes outstanding reporting and commentary in print and on the web that materially increases the public's knowledge and understanding of tuberculosis (TB) and multidrug-resistant tuberculosis (MDR-TB), in countries affected by the disease.

For more information and to download an entry form, please visit <http://www.stoptb.org/bi/journalismaward.asp>.

### **2010 Images to Stop Tuberculosis Photo Award now open for entries**

The Stop TB Partnership has launched the [2010 Images to Stop Tuberculosis Photo Award](#) competition, which promotes the creation of outstanding photos depicting prevention and treatment of TB and is sponsored by the [Lilly MDR-TB Partnership](#).

Photographers are invited to submit their work for consideration by an international jury of photography experts and representatives from UN and other partner organizations, chaired by internationally renowned photojournalist Gary Knight, who will select the winning photographer.

Applicants for the 2010 award must submit a portfolio of 10 to 15 photographs depicting health-related issues. All entries must be received at the Stop TB Partnership by 30 July 2010.

The name of the winner, who will receive US\$ 5000 in prize money and a US\$ 5000 grant to produce a photo reportage about TB, will be announced in November 2010. Photos from the winner's photo reportage will be exhibited in future editions of the Images to Stop Tuberculosis Exhibition.

The 2009 award went to David Rochkind of the United States, who made use of the grant to produce a [photo reportage](#) documenting the impact of TB and TB care in Mumbai, India.

### **Winner of the TB Survival Prize 2009 announced**

Integrated Development in Focus (DIF) has won the TB Survival Prize 2009 for its innovative and empowering campaigns uplifting communities affected by TB and MDR-TB. DIF was a grantee of the second round of the [Stop TB Challenge Facility for Civil Society](#) in 2008–09.

Based in Accra, Ghana, DIF is dedicated to the reduction of poverty and the empowerment of people. The organization works across Ghana, focusing on TB and MDR-TB, TB and HIV co-infection, and malaria. DIF has arranged many awareness and education campaigns at community events, which are made sustainable via almost 300 DIF-trained volunteers. It also complements the work of Ghana's National Health Service by reaching the country's most remote villages.

Nominations for the awards were judged by a jury chaired by Nobel Laureate Betty Williams, who said that DIF was awarded the prize because of the innovative and sustainable mechanisms it used to create awareness about TB, identify potential TB infections, and ensure correct and complete treatment for TB patients.

[Read more](#)

## **TB PEOPLE**

### **Craig David visits South Africa**

Far from his world of packed concert halls and glittering celebrity events, the newest Goodwill Ambassador Against Tuberculosis visited South Africa in March to learn more about TB.

In Cape Town, Craig David visited communities hit hard by TB, schools, and a research centre. There he met people on the front lines: people who have beaten the disease, children and teens who face the threat of TB every day and scientists who have dedicated their lives to making TB a disease of the past.

"It was a life-changing experience for me to hear first-hand what it is like to live in a country where half a million people become ill with TB every year, and to meet people who are fighting hard and making progress every day," said David.

### **Stop TB Japan enlists new Champion to knock out tuberculosis**

In April, Japan's fight against TB was strengthened by the addition of flyweight boxer Koki Kameda—currently one of the most popular boxers in the world based on TV ratings—as a new TB Champion.

Kameda attended a Parliamentary Museum screening of the film *Basura*, a documentary about the Philippines' "Smoky Mountain" rubbish dump, home to many TB patients who scavenge the heap with their fellow residents. The film was screened to senior government officials and parliamentarians, international organizations, NGOs and the general public to raise awareness of TB.

"I want a lot of people to know about TB. This problem must be known to everybody," announced Kameda to the media crowd assembled for the occasion. His statement and a pledge of his full cooperation in the fight against TB—in the Philippines and worldwide—was widely reported in online and offline media and spurred positive public reaction.

### **Stop TB Ambassador Anna Cataldi visits Pakistan and Iran**

Stop TB Ambassador Anna Cataldi spent five days in Pakistan in early April to lend new impetus to public awareness initiatives centred on MDR-TB. Pakistan ranks 8th among the 22 high-burden TB countries and 6th among the 27 countries most affected by MDR-TB.

During her visit, Cataldi praised efforts in Pakistan while urging greater awareness about TB and prevention of MDR-TB.

The mission in Pakistan was followed by a four-day visit to Iran. There Ms Cataldi participated in core discussions on enhancing TB control in Iran by strengthening public-private partnership,

broadening collaboration with neighboring countries and working closely with UN agencies to address issues related to TB in refugee groups.

At a press conference held at the WHO office Ms Cataldi briefed journalists on her visit and all she had experienced in Iran, including visits with MDR-TB patients, discussions with women serving as community volunteers on TB and a tour of a lab using cutting edge diagnostic tests for MDR-TB. Ms Cataldi's visit was widely covered by local media.

Cataldi will soon publish a book focusing on the lives of six extraordinary women, two of whom are involved in humanitarian work in the domain of TB control. She served as UN Messenger of Peace from 1998 to 2007 before being appointed a Stop TB Ambassador.

## COUNTRY NEWS

### **Sub-national Partnership to Stop TB launched in Kandahar, Afghanistan**

Dr Suraya Dalil, Acting Minister of Public Health of Afghanistan; Mr James Melanson, Development Director of CIDA; Prof. Obaidullah Obaid, Chair of the National Stop TB Partnership Afghanistan; members of the Partnership's board; and officials of WHO, UNICEF and the local government gathered in Kandahar in February to launch a sub-national Partnership to Stop TB.

"Across the world one out of three people who become sick with tuberculosis fail to access timely, accurate diagnosis and effective treatment. I say everyone, no matter who they are or where they live, should have access to tuberculosis care," Dr Dalil said.

Afghanistan is among the 22 countries of the world with the highest burden of TB. Devastated by three decades of war and conflict, the country is gradually recovering with successes like TB care. Afghanistan's TB care system is run jointly by the government and private sector partners, including international and national NGOs, and UN organizations. In early 2009 a national Stop TB Partnership was established and later that year, a sub-national partnership was launched in Herat.

"It is with great pleasure that we welcome the establishment in Kandahar of Afghanistan's second sub-national Stop TB Partnership," said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership.

### **EXPANDx-TB helps Myanmar makes strides on MDR-TB diagnosis**

Between January and April the EXPANDx-TB project (Expanding Access to New Diagnostics for TB) made important steps to strengthen laboratories in Myanmar, a country where 4.4% of new TB cases are identified as MDR. The National Tuberculosis Reference Laboratory in Yangon and the regional lab at Mandalay were both refurbished, and the Yangon facility now qualifies as a bio-safety level 3 laboratory. This means Myanmar can now diagnose the country's own MDR-TB cases.

The project also has included needed skill-building. In January two staff from the Mandalay lab and three from the National Reference Lab were trained on liquid culture, rapid species identification and the line probe assay (a cutting edge genetic test for MDR-TB diagnosis) at a course in Bangkok jointly organized by FIND and the US Centers for Disease Control and Prevention and funded by the Stop TB Partnership.

EXPANDx-TB is a UNITAID-funded joint collaboration between FIND, WHO, the Global Laboratory Initiative (GLI) and the Stop TB Partnership Global Drug Facility (GDF). The project aims to narrow the diagnostic gap in MDR-TB control in 27 countries by increasing access to new diagnostic technologies, accompanied by the requisite know-how for technology transfer, and ensuring that new technologies are properly integrated within TB control programmes.

### **Stop TB partners in Japan advocate for Haiti**

In February, Japan's Parliamentary Group for Stop TB Partnership, the [Stop TB Partnership Japan](#) (STBJ), [RESULTS Japan](#) (RJ) and the [Japan Anti-Tuberculosis Association](#) (JATA) submitted a petition to Foreign Minister Katsuyo Okada urging specific actions to control TB in Haiti—which already had high TB prevalence—in the wake of the devastating earthquake.

H.E. Chinami Nishimura, Parliamentary Vice-Minister for Foreign Affairs, told the group that the Ministry of Foreign Affairs "will pay consideration to TB and infectious diseases when Japan assists Haiti."

February also saw the launch of charity campaigns led by the secretary general of the Parliamentary Group, STBJ, JATA and RESULTS Japan to raise funds for Haiti; campaigns were held on 1 and 12 February and were scheduled monthly thereafter.

### **Alive & Kicking: Health awareness road show in Kenya**

[Alive & Kicking Kenya](#), with support from the [Safaricom Foundation](#), recently concluded its 18th health awareness road show in Rarieda District, Kenya.

The 7-week roadshow began on 1 February and visited primary and secondary schools as well as out-of-school youth groups, reaching 25 000 young people and using drama, dance, posters, and netball and football tournaments to raise awareness of TB/HIV co-infection, with the help of the [MYSA](#) drama group, Haba na Haba, and the [Rafiki wa Maendeleo Trust](#).

### **New initiative in London seeks to improve housing conditions to prevent TB transmission**

In March, the [ARCHIVE Institute](#) (Architecture for Health in Vulnerable Environments) launched a tuberculosis and housing community engagement project for refugee and migrant communities in the North West London borough of Brent.

The project aims to raise awareness of the adverse health outcomes that can result from inadequate housing conditions, particularly among refugee and migrant communities in Brent, which had the highest number of TB cases among North West London boroughs in 2008. Ethnic minorities, excluded and hard-to-reach groups of society are the most vulnerable to TB in London.

ARCHIVE and [NHS Brent](#) have solicited the help of [Brent Refugee and Migrant Forum](#) and other local community organizations to host a number of interactive workshops that encourage participants to explore and understand the ways in which housing conditions affect health. Outputs from workshops such as leaflets and other communication materials will detail the TB risk associated with inadequate housing and will be distributed to local doctors.

### **South Africa: First six MDR-TB patients treated in community-based programme are cured**

Disease experts working in KwaZulu-Natal, South Africa, announced on 1 April that the first six patients treated for multidrug-resistant TB through an innovative community-based programme have been cured.

Patients participating in the programme—devised by a coalition of American and South African health professionals and the KwaZulu-Natal Department of Health—are treated in their homes, with teams who visit each patient on a daily basis to administer medications, monitor progress, and provide support.

The six patients who are cured today first began treatment in 2008, and have now finished the difficult 2-year regimen. Another five patients who started their treatment at the TB referral hospital in Durban but later transferred into the home-based programme have also recently finished treatment. More than 110 patients are now enrolled in the programme.

Clinicians have already started to see positive results; in the last two years, the number of MDR-TB patients has decreased from its high in 2007. A community-based approach also helps to reduce hospital-based transmission.

[Read the full story](#)

## Engaging Indian media in TB control

In the run-up to World TB Day, a consultative discussion to strengthen media involvement in India's TB control efforts was organized under the aegis of the [Partnership for TB Care and Control in India](#), whose Secretariat is hosted by [The Union South-East Asia Office](#). Media representatives brainstormed with civil society members on strategies, steps and story ideas to expand and sustain constructive reporting on TB and allied lung diseases through this [Year of the Lung](#).

Unlike more sensational diseases, media "pegs" for TB are scarce; TB also faces public apathy, lack of awareness and limited access to services. The emerging challenges of drug-resistant TB and TB/HIV co-infection are huge. These factors make support to the national programme from non-programme sectors like civil society, private organizations and the media critical in India, which bears the highest burden of TB globally and accounts for some 800 deaths a day.

Participants felt that multiple communication channels—from technical and online sources to easily and locally accessible platforms—were needed to sustain a constant stream of reporting, and that the reporting itself should shift from "scoops" to coverage that prioritizes a real collaborative contribution.

## Former TB patients in Zambia support DOTS patients

The Judith Chikonde Foundation, an NGO based in Mufulira, Zambia that supports people infected and affected by TB and HIV/AIDS, has enlisted former TB patients as DOTS supporters.

The former patients—drawing on experiences and skills acquired during their own battles with TB—provide hands-on training to current patients' family members, explaining how to support their sick relatives' recovery, and help patients deal with the effects of drugs, stigma and discrimination.

Their support improves new TB patients' adherence to treatment, and their input is very valuable for the design of information, education and communication materials.

## New facilities in Egypt: Mobile clinic and prison hospital ward

A **mobile clinic** to support outreach activities to slums, deprived areas, high-risk populations and vulnerable groups went into service in early March, reports Egypt's National TB Control Programme.

The clinic, funded by a Global Fund grant, consists of two compartments, one fully equipped for clinical examination of the patients and the other equipped as a smear examination lab for acid-fast bacilli. The unit has its own power generator as well as a HEPA filter-equipped air conditioning system for infection control. The lab compartment is provided with fresh water, waste disposal, binocular microscopy and all other necessary supplies. A team of lab technicians has been trained to work in the lab compartment.

Another unit, with digital mass miniature radiography, is expected to be in service very shortly.

In February, the programme inaugurated a **TB ward in Abu Zaabal Prison Hospital**, the first of its kind to include a section for the treatment of MDR-TB patients. The ward consists of two rooms for TB patients and two rooms for MDR-TB patients, in addition to a laboratory and an entertainment area.

The Egyptian National TB Control Programme provided technical assistance, training, lab equipment and infection-control sets for the ward, and will supply second-line drugs.

# RESEARCH NEWS

## Global Partners join forces to speed development of new TB drug combinations

The [US Food and Drug Administration](#) (FDA) is working with public- and private-sector partners on a new collaboration, announced in March, to significantly accelerate the development of combination treatments for tuberculosis. Created by the [Global Alliance for TB Drug Development](#), the [Critical Path Institute](#) and the [Bill & Melinda Gates Foundation](#), the initiative could potentially reduce the time it takes to introduce new combination TB treatments from as much as a quarter century to as few as six years.

Known as the Critical Path to TB Drug Regimens (CPTR), the initiative will test promising combinations of individual TB drug candidates from different companies early in the development pipeline—and identify the best new treatment regimens. Initial groups engaged in CPTR include scientists from FDA and the pharmaceutical companies Johnson & Johnson, Sanofi-Aventis, Pfizer, AstraZeneca, GlaxoSmithKline, Bayer, Otsuka, Novartis, Sequella and Anacor Pharmaceuticals, Inc. The World Health Organization has expressed its support for the initiative.

Currently, obtaining regulatory approval for completely new TB regimens could take 24 years as individual candidates are developed and registered separately and substituted, one at a time, into existing combination therapies. The CPTR initiative has the commitment of the FDA and regulatory authorities in Europe to help develop and validate improved, safe, and accurate regulatory pathways to test and register combination TB treatments.

Nine promising TB compounds from at least six antibiotic classes are currently in clinical trials or late preclinical development, offering an unprecedented opportunity for collaboration. New TB drug combinations could sharply reduce treatment time and prove effective against both drug-susceptible and drug-resistant TB strains. However, given the resilient nature of the TB bacterium and its ability to become resistant to single drugs, TB treatment will still require a combination of antibiotics.

CPTR will be coordinated by the Critical Path Institute, an independent, non-profit organization whose mission is to create innovative collaborations in regulatory science that enable the most efficient and safe medical product development. The collaboration will welcome participation from any company with a promising TB drug candidate in development, as well as other companies and organizations with the technical expertise or resources to help develop new TB regimens.

To facilitate clinical research of combination TB therapies, collaboration partners are also exploring creative funding mechanisms and potential trial site support for Phase IIB and Phase III clinical trials.

[Read more](#)

### **Vaccine Research Roundup**

#### **UK government announces grant to the Aeras Global TB Vaccine Foundation**

In March, the United Kingdom Department for International Development announced a grant of £8 000 000 (approximately US\$ 13 million) to the [Aeras Global TB Vaccine Foundation](#), a non-profit product development partnership.

"If the international community is serious about tackling HIV and TB we must find a way to break this devastating cycle," said Mike Foster, the UK Minister for International Development. "That is why the UK is supporting the discovery of a new TB vaccine that is safe for babies born with HIV, and why we are scaling up efforts to reduce the impact of drug resistant strains of TB."

Of the six new TB vaccine candidates in the Aeras product pipeline, four are currently undergoing testing in clinical trials in Africa, Europe and North America; two of these have reached the Phase IIb proof of concept stage.

[Read more](#)

#### **Phase II TB vaccine study in people living with HIV starts in South Africa**

The [Aeras Global TB Vaccine Foundation](#), Aeras Global TB Vaccine Foundation, [Crucell N.V.](#) and [Aurum Institute](#) have announced the start of a TB vaccine clinical trial on 14 March, to be conducted by the Aurum Institute in Klerksdorp, South Africa.

The candidate vaccine, AERAS-402/Crucell Ad 35, will be tested in people living with HIV. This is the first study testing this TB vaccine candidate among this important population: 71% of people with TB in South Africa are co-infected with HIV.

[Read more](#)

#### **Institut Mérieux to support TB vaccine research**

[Institut Mérieux](#) will sponsor efforts by the [TuBerculosis Vaccine Initiative](#) (TBVI) to develop new vaccines and enhanced adjuvants and discover new biomarkers.

Institut Mérieux, a nonprofit organization, supports an integrated European network of more than 40 universities, institutes and industries involved in research and development of TB vaccines. Through

its companies ([bioMérieux](#) for diagnostics and [Transgene](#) for immunotherapy) Institut Mérieux is seeking innovations, in particular to fight HIV, hepatitis and tuberculosis. In partnership with Fondation Mérieux, it is developing a multidisciplinary programme in the field of tuberculosis.

TBVI raises funds for research and development of new vaccines from governments, the European Union, companies and private donors. [Read the press release](#)

## RECENT EVENTS

### James Nachtwey exhibit on TB shown in New York

A new photo exhibit by award-winning photojournalist James Nachtwey, [Struggle to Live—The Fight Against TB](#), ran from 18 January to 25 March 2010 at [401 Projects](#), a non-commercial photo gallery in New York City. The show was sponsored by the medical technology company [Becton, Dickinson and Company](#) (BD).

Nachtwey documented the resurgence of TB and the spread of MDR- and XDR-TB in Cambodia, Lesotho, South Africa, Siberia, India, Swaziland, and Thailand. The exhibit sought to capture the lives of both patients and health care workers in their struggle against TB.

"Despite the fact that tuberculosis afflicts a huge number of people it's not on the radar screen in terms of public awareness. Normal tuberculosis, if treated diligently, is very inexpensive and doesn't take very long to cure. But if normal TB is not treated, it mutates and becomes 100 times more expensive, requires a two-year cure and a long stay in the hospital, which many of those infected cannot afford. The thought of XDR getting out of control is truly frightening," Nachtwey said.

[Read more](#)

## RECENT PUBLICATIONS/MULTIMEDIA/WEB

### WHO TB treatment guidelines: 4<sup>th</sup> edition now available online

The 4<sup>th</sup> edition of Treatment of Tuberculosis: guidelines for national programmes is now available for download from the WHO website.

This latest edition is available online in English only; the 3<sup>rd</sup> edition is available online in French and Portuguese, and the 2<sup>nd</sup> edition is online in Spanish and Thai.

[Click here to download any of these editions](#)

### *Tuberculosis—The Essentials*: 4<sup>th</sup> Edition now available

This new edition of *Tuberculosis—The Essentials*, edited by WHO's Dr Mario C. Raviglione, scrutinizes new discoveries and innovations on the key aspects of the disease in a manageable 416-page format.

In this book, world TB experts review 15 essential TB-related themes, supply an international, current view of epidemiology, pathophysiology, diagnosis, and treatment methods, discuss the emerging threat of XDR-TB and the HIV/AIDS factor, assess advances in TB research, and reflect on the progress of the "Stop TB" strategy.

People living in developing countries will receive a discount of 30% and free shipping when ordering the book; please use coupon code **HJTB1**.

[Order the book from the publisher](#)

[Download chapter 12: "WHO's Stop TB Strategy: Progress and Prospects" by Mukund Uplekar, Diana Weil and Mario Raviglione, WHO Stop TB Department \[.pdf\]](#)

# UPCOMING COURSES/WORKSHOPS

## Upcoming Courses from the Union

### **Mass Media and Communications: 4–8 May 2010, Singapore**

Participants in this one-week course will receive training to gain a greater understanding of how effective communications strategies can help promote TB programmes and further disseminate important health messages to the public.

### **Leading Management Teams: 28 June–10 July 2010, Bangkok**

This two week-course's comprehensive approach to performance management will teach participants to be leaders who can bring measurable changes to their TB programmes through long-term planning and by building staff commitment, competence, and confidence.

### **Strategic Planning and Innovation: 16–21 August 2010, Singapore**

Participants in this course will become facilitators able carry out transformational change within their TB programmes after having learned to react and develop contingency plans when strategies fail or do not progress, lead a strategic planning activity, establish inventive and forward-thinking strategies, and use adaptive leadership to improve TB programmes.

For more information or to register for any of the above courses, visit [www.union-imdp.org](http://www.union-imdp.org) or e-mail [imdp@theunion.org](mailto:imdp@theunion.org).

# UPCOMING EVENTS

## International symposium on new TB vaccines

The international symposium 'Research and development of new tuberculosis vaccines' at the University of Zaragoza, Spain, will take place on June 3-4, 2010. The symposium includes the European conference under the Spanish presidency 2010 'Research and development of European TB vaccines for the world'. It is organized is jointly organized by the University of Zaragoza, Fundación Ramón Areces and TuBerculosis Vaccine Initiative (TBVI). The event will join European scientists and researchers, world leaders in the field of research of new vaccines against TB, to present and translate to the scientific community and the society their efforts and the results of the latest European scientific research in the most advanced TB vaccines.

More information and the final program will soon be published at [www.tbvi.eu](http://www.tbvi.eu).

### **Second Global Forum on TB Vaccines: A framework for introducing improved TB vaccines to the world community**

This global forum will take place from 21–24 September 2010 in Tallinn, Estonia, to review progress in the TB vaccine field over the last decade and to reframe the global agenda and timelines for introducing improved TB vaccines into practice.

For more information and to register visit [www.tbvaccine2010.org](http://www.tbvaccine2010.org).

# EVENTS CALENDAR

## April 2010

28–30 April	21 <sup>st</sup> Global Fund Board Meeting	Geneva, Switzerland	<a href="#">Info</a>
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## May 2010

4–5 May	Stop TB Coordinating Board Meeting	Hanoi, Viet Nam	<a href="#">Info</a>
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5–7 May	World Economic Forum on Africa	Dar es Salaam, Tanzania	<a href="#">Info</a>
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10–11 May	World Economic Forum on Europe	Brussels, Belgium	<a href="#">Info</a>
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14–19 May	American Thoracic Society International Conference	New Orleans, USA	<a href="#">Info</a>
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17 May	63 <sup>rd</sup> World Health Assembly	Geneva, Switzerland	<a href="#">Info</a>
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## June 2010

14–18 June	Global Health Council Conference <i>"Dateline 2010: Global Health Goals &amp; Metrics"</i>	Washington, DC, USA	<a href="#">Info</a>
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## July 2010

18–23 July	XVIII International AIDS Conference	Vienna, Austria	<a href="#">Info</a>
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## September 2010

21–24 September	Second Global Forum on TB Vaccines	Tallinn, Estonia	<a href="#">Info</a>
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