Tackling TB in Urban Areas

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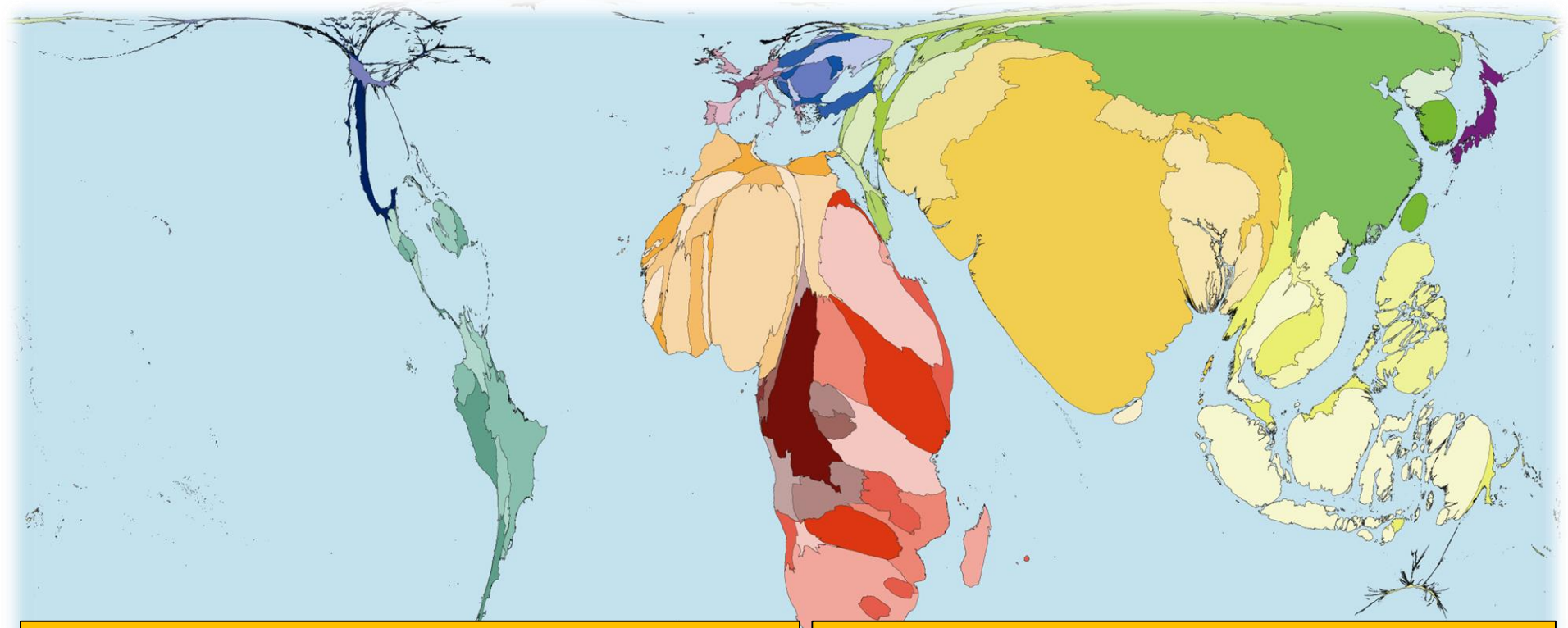
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Theme

- ***Reaching the Unreached***

Burden of Tuberculosis: Global and India



Global*:

- **Incidence** – 9million
- **Deaths** – 1.5 million; 320,000 among HIV+ (3.7%)
- **HIV co-infection** – 1.1 million (13%)
- **'Missing' TB Cases**: 2.9 million (34%)

India*:

- **Incidence** – 2.1 million; 26% of global TB
- **Deaths** – 270,000; 42,000 among HIV+ (1.9%)
- **HIV co-infection** – 130,000 (5.9%)
- **'Missing' TB Cases**: 1000,000 (33%)

***WHO Global TB Report 2013;* $WHO TB Country Profiles, 2013 & 14**

TB Burden - India

Estimates of TB burden * 2013	Number	Rate (per 100 000 population)
Mortality (excludes HIV+TB)	240,000	19
Mortality (HIV+TB only)	38,000	3
Prevalence (includes HIV+TB)	2 600,000	211
Incidence (includes HIV+TB)	2 100,000	171
Incidence (HIV+TB only)	120,000	9.7
Case detection, all forms (%)	58,000	

India TB Report 2014

India – Burden of the disease

- 25% of the global incidence of an estimated 9 million
- Third leading cause of death among women of reproductive age (15-44 years)
- The direct and indirect costs of TB to India amount to an estimated $23.7 billion annually
- An average 3 to 4 months of work time is lost as result of TB, resulting in an average loss of potential earning of 20-30% of the annual household income

Urban Scenario

- The urban slum population in India increased to 65.5 million in 2011 from 43 million in 2001 & at the time was projected to grow at 5% annually
- At about 8%, TB is the leading cause of death from infectious disease in urban India among productive adults (16-70 years)
- Despite perceived proximity of the urban poor to urban health facilities, access to standardized, high quality TB services is limited.

Urban Scenario

- TB control program is predominantly rural
- Urban TB control is organized on an ad-hoc basis
- Wide variety of health providers
- Provision of health care is predominantly private

Operational Challenges

- Deficient public health infrastructure
- Poor quality of services rendered by private care
- Migration of people
- Lack of follow-up of patients

Sociological Challenges

- People living in slums
- Migration
- Substance abuse
- Health inequalities
- Differential exposure and susceptibility
- Vulnerable groups

Communities in Urban Area

Communities at risk to TB

- **Demographic:**
  - Age: Young and elderly
  - Location: Urban slum
  - Status: Illiteracy
  - Income: Poor
- **Immune status:**
  - People living with HIV
  - People with Diabetes
- **Occupation:**
  - Migrants
  - Miners
- **Behaviours:**
  - Smoking
  - Alcohol? Substance abuse

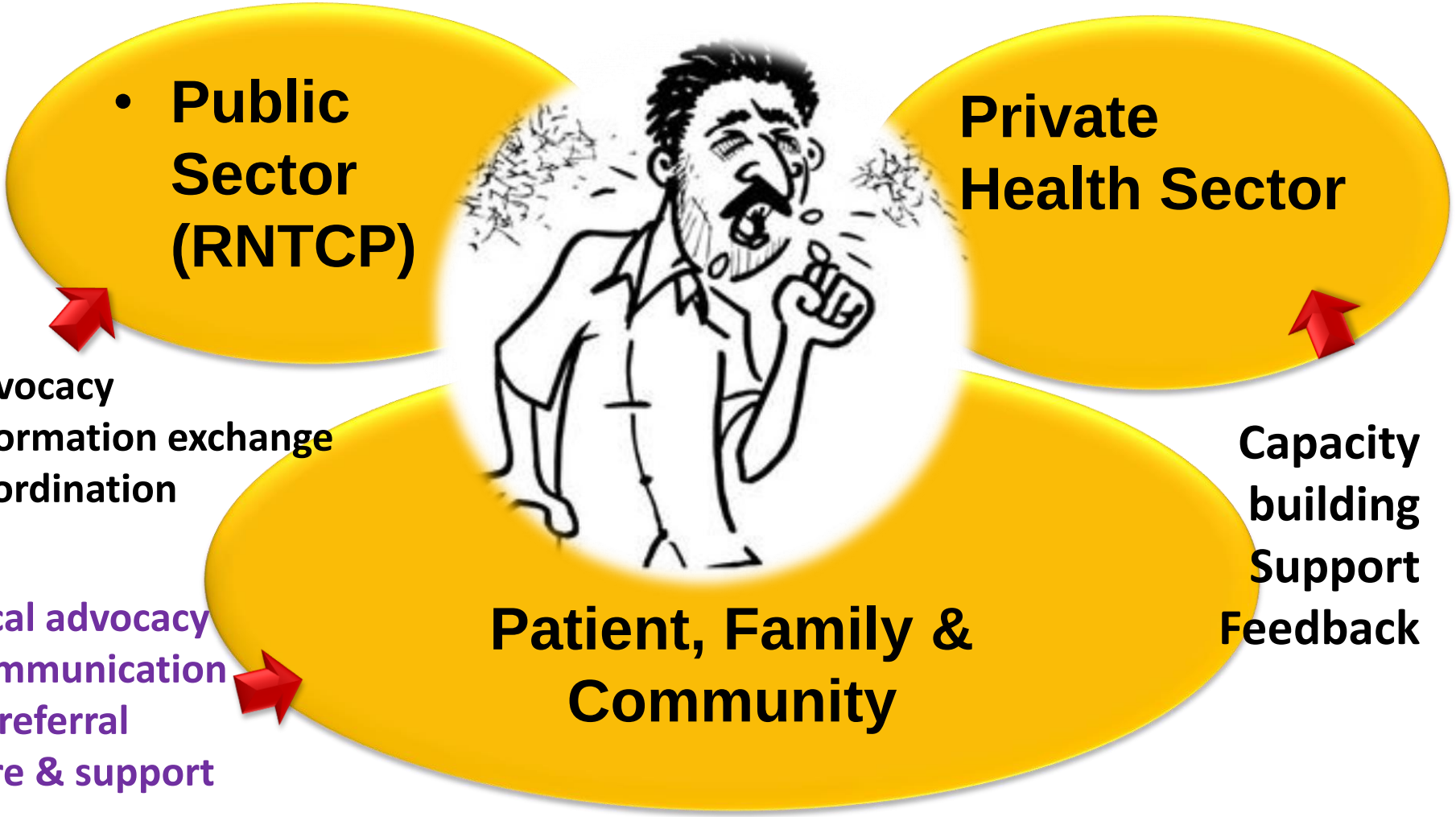
Providers in Urban Area – who see TB

- **Doctors:**
  - Practitioners of Modern Medicine (Allopathic)
    - GP or Specialist
  - ISMH / (AYUSH)
  - Less than fully qualified
- **Pharmacists/ Chemists:**
- **Laboratories:**
- **Clinic Assistants:**
  - Receptionist
  - Nurse

The need

➔ **Universal adoption of standards of tuberculosis care**

Interface to connect



Focus of Urban TB intervention

- Identify and manage of ‘missing’ TB patients by

1. Strengthening basic TB services in urban areas
2. Increased access to TB care
3. Integration of service providers
4. Flexible and innovative TB approaches
5. To find practices to target vulnerable population
6. Stronger linkage to TB control program

- Reduce delays in private sector TB diagnosis and treatment
  - ⇨ **Reduce morbidity and mortality**
  - ⇨ **Reduce costs**
- Ensure high treatment compliance in private sector
  - ⇨ **Reduce risk/spread of drug-resistant TB**
  - ⇨ **Reduce spread of TB**

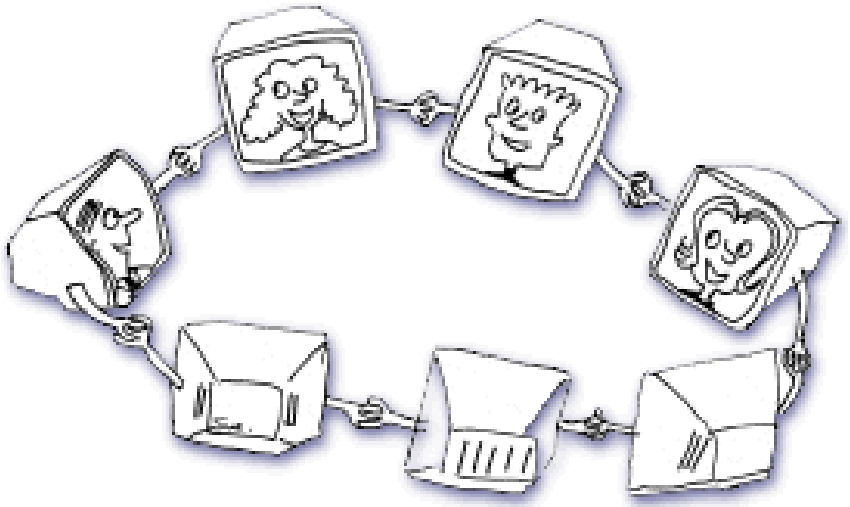
Interventions….

- Awareness
- ICT based teaching
- Capacity building

Network formation:

Relationship building

- **Provider exchange forum**
- **Continue learning process**
- **Critical support services**



- **Peer learning**
- **Factsheets**
- **Technical support visits**
- **Documentation support**
- **Access to RNTCP services**
- **Treatment support**
- **Training paramedical staff**

ACSM activities

- Robust IEC activities
- Awareness on TB through multiple channels of communication

Improved case finding

- Risk stratification
- Addressing co-morbid and multi-morbid conditions
- Offering rapid diagnostics
- Engaging with private laboratories and private providers

Management

- Patient-centric approach
- Community-based treatment centres
- Promoting rational use of anti-TB drugs
- Disseminating STCI
- Improved data management systems
- Social support program
- NGO/PP interventions

Management

- Contact tracing
- Infection control in health care settings
- Preventive treatment to vulnerable population

Thanks

- ***The next generation will receive the highest standards of care & support from healthcare providers of their choice***

