



Department
for International
Development

Tackling the structural drivers of TB



Hillbrow, Johannesburg

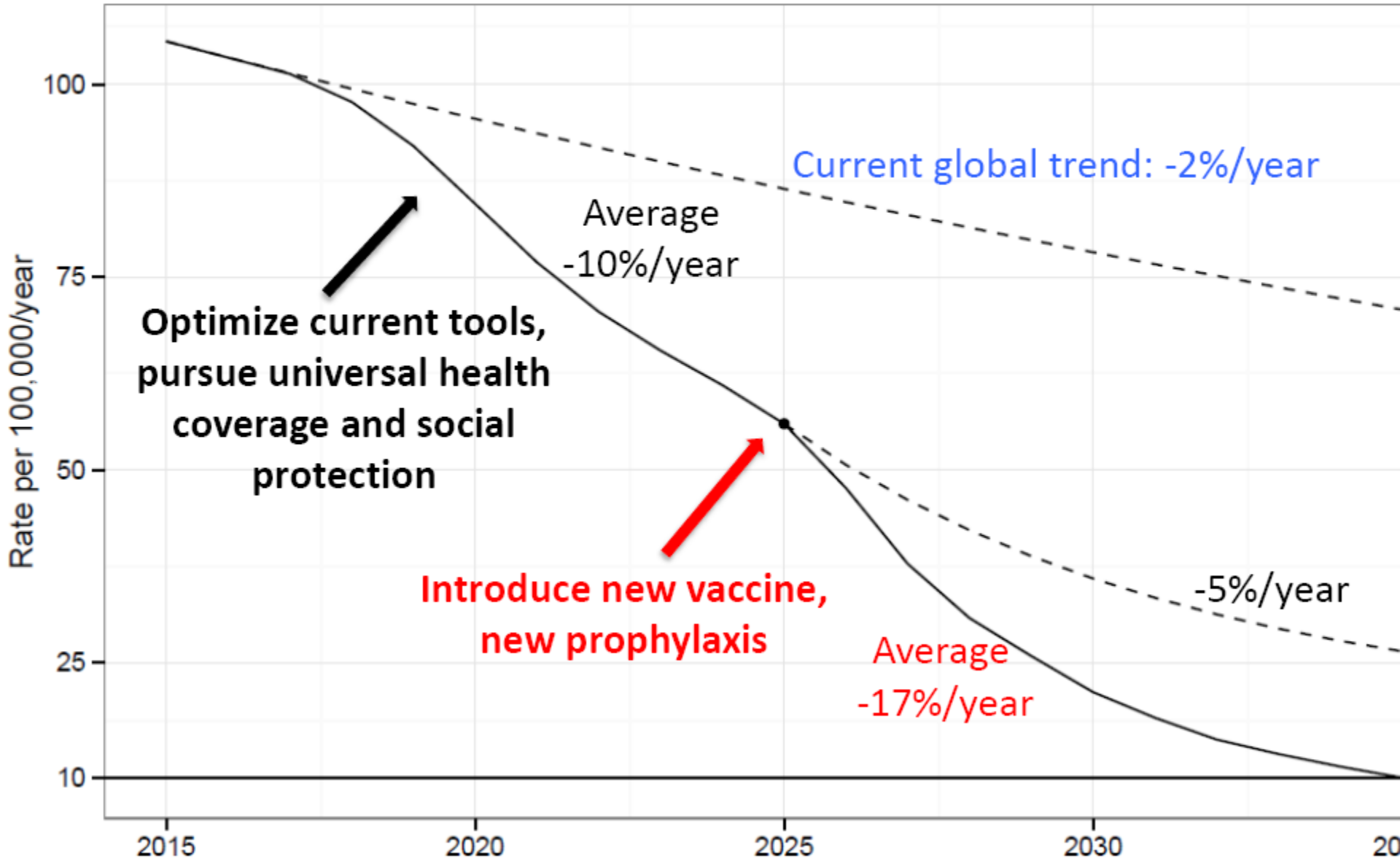


Maharashtra, source: Shabbir Siraj

Acknowledgements: Dr Lucie Culver, Dr Delia Boccia, Dr David Wilson

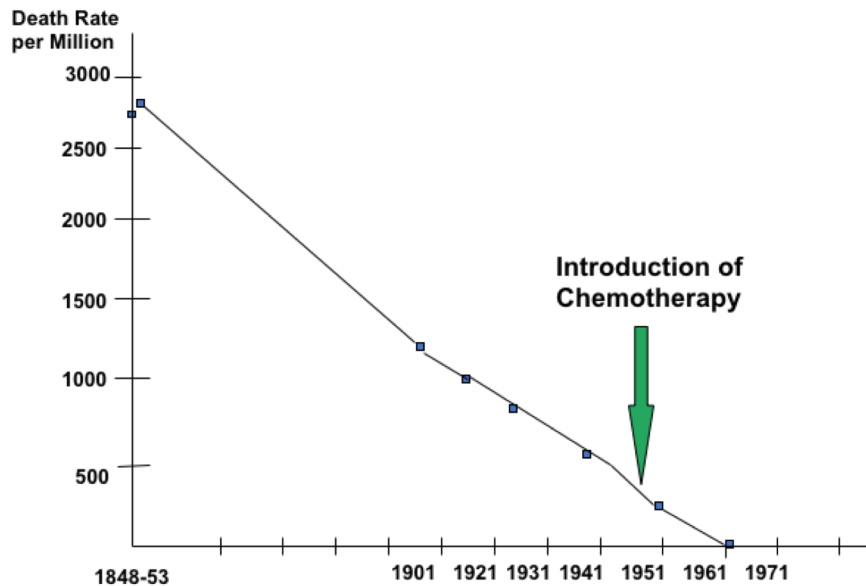
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Projected acceleration of TB incidence decline to target levels



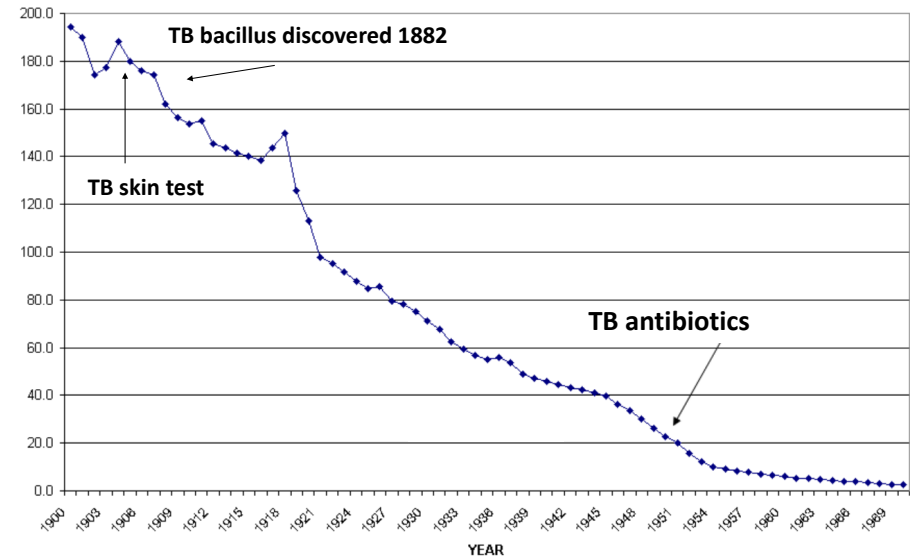
Learning from history: declines in TB mortality in US and UK

UK



Source: Paul Pronyk

USA



Learning from early pioneers: Robert Koch, 1905 Nobel Laureate



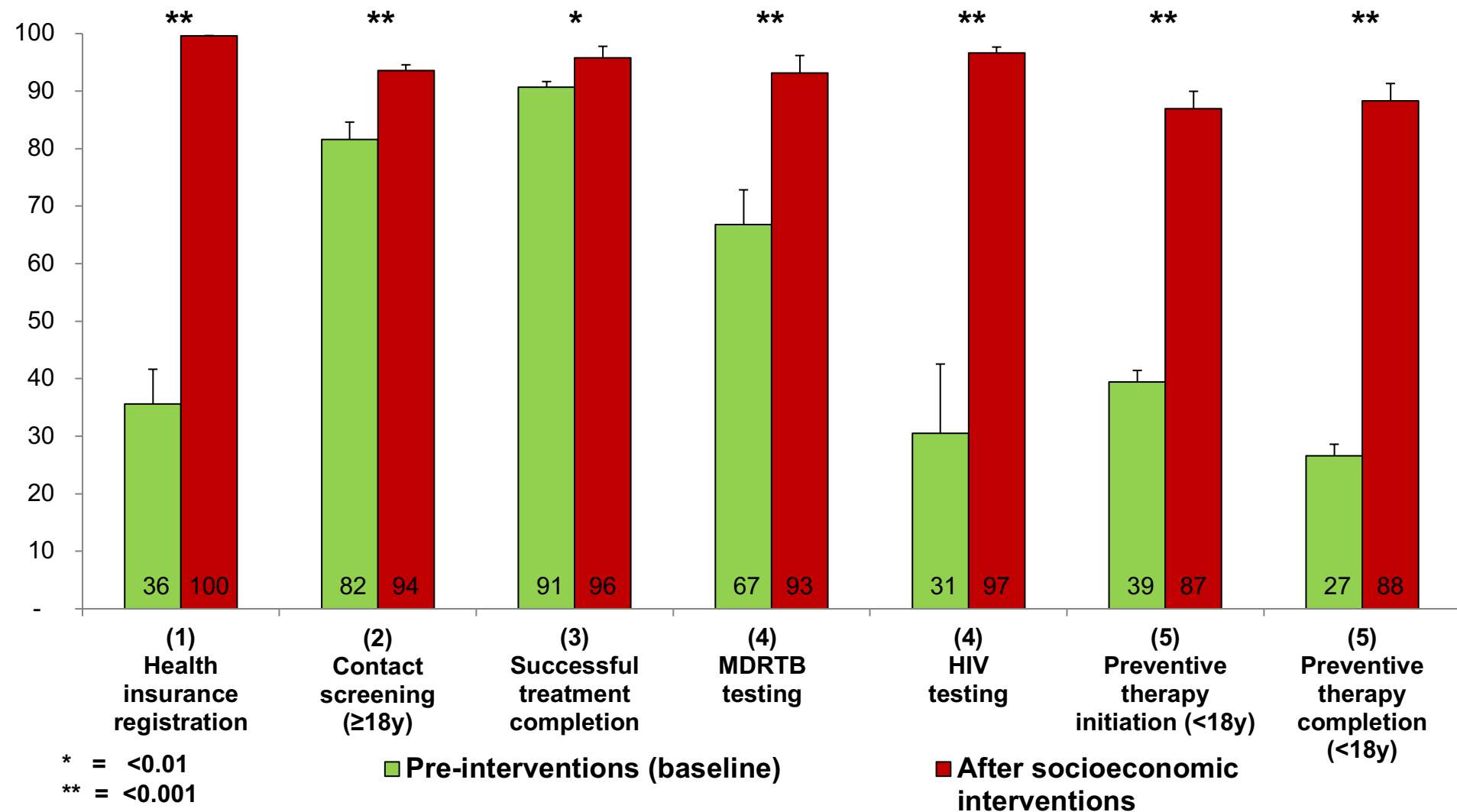
1905 Nobel Prize Lecture:

The current state & struggle against TB

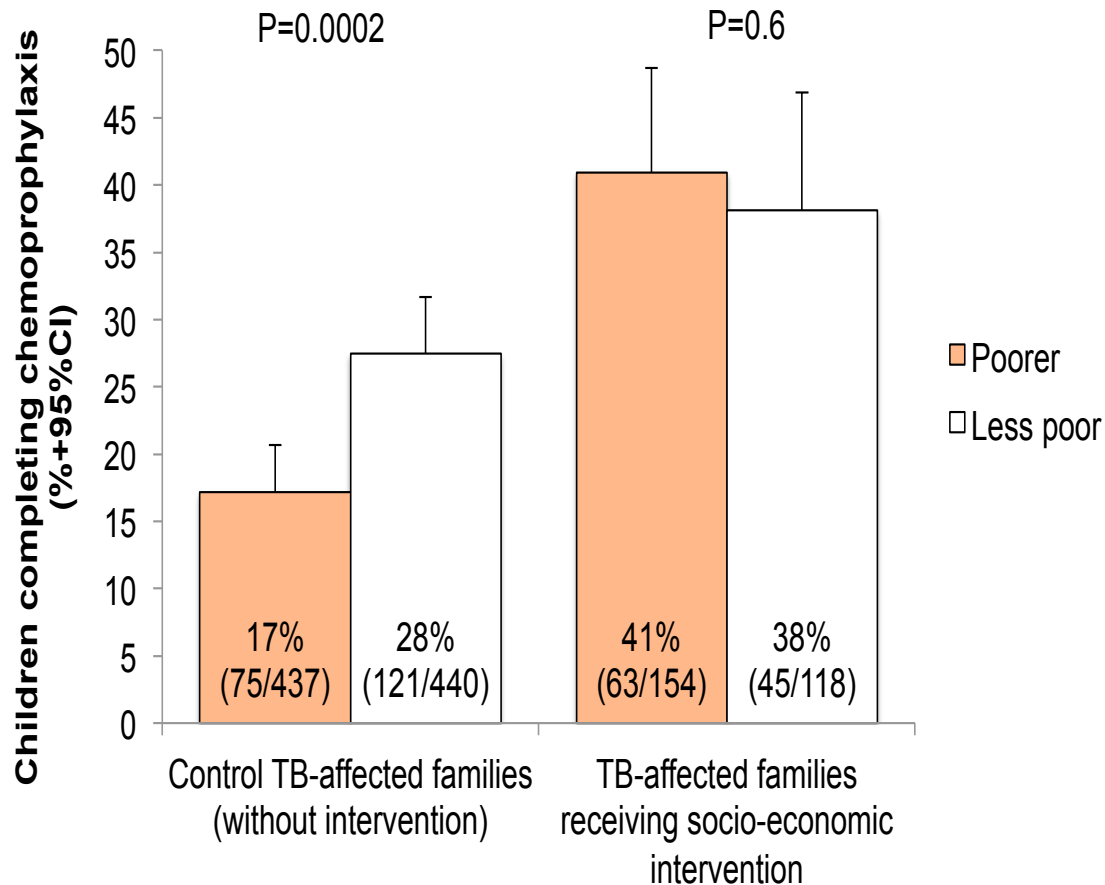
"One of the most powerful weapons, if not the most powerful, which we can bring into use against TB is **social welfare**:

- ...the sick person is visited in his home, and is given instruction and advice
- ...If living conditions are bad, then money is granted...
- ...poor families are supported by granting them appropriate food, fuel, etc".
- ...private action is virtually powerless against this nuisance, while the State can easily remedy the situation with suitable laws"

Lima Peru: Cash + support + community engagement = increased uptake of testing, treatment and use of TB preventive therapy



Also increased uptake & equity of TB preventive therapy



Eastern Cape Province, South Africa:

Cash + care + clinic = higher adherence & retention

1060 HIV+ adolescents, 72 public healthcare facilities, 94% 3-year retention

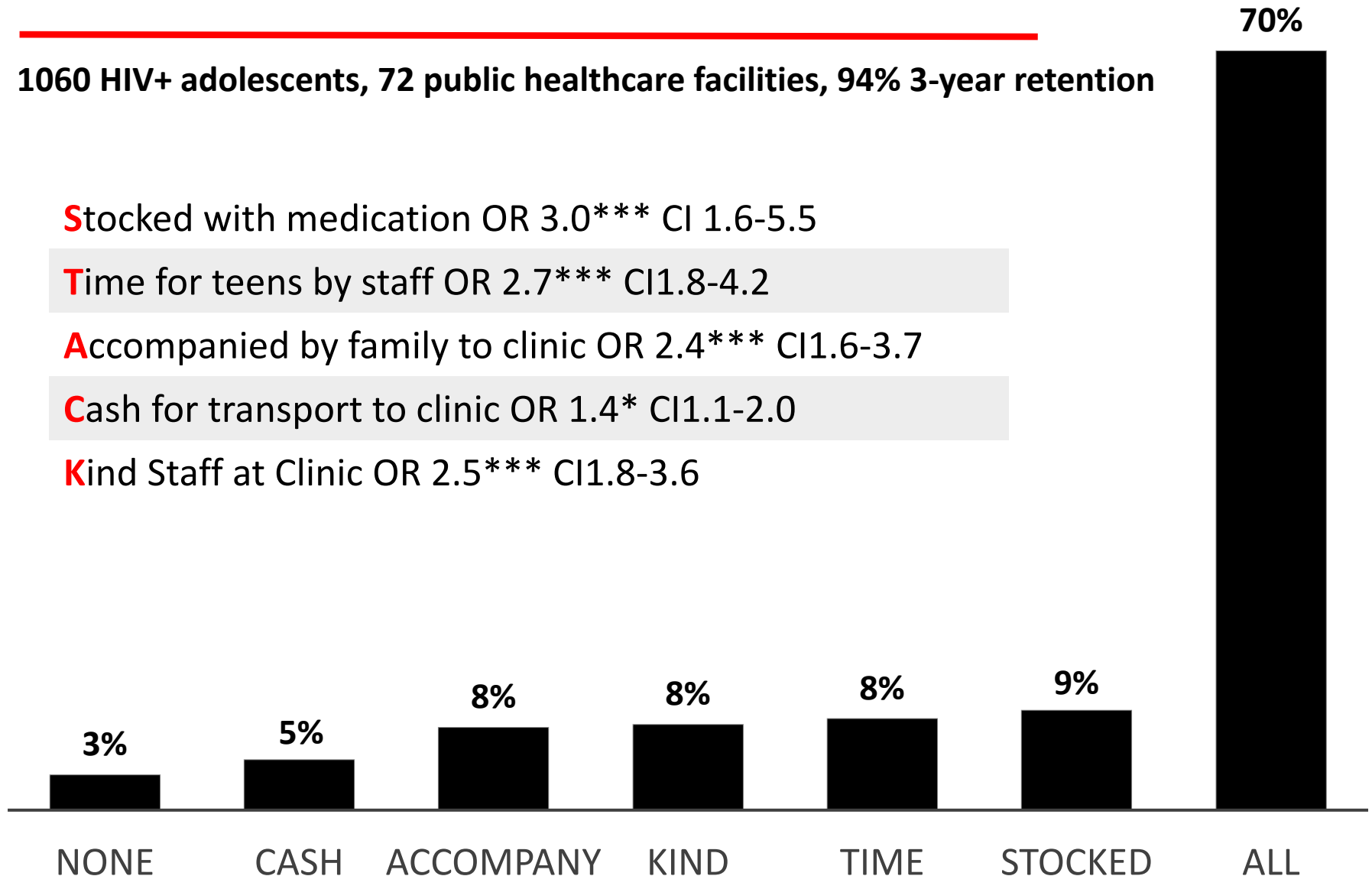
Stocked with medication OR 3.0*** CI 1.6-5.5

Time for teens by staff OR 2.7*** CI 1.8-4.2

Accompanied by family to clinic OR 2.4*** CI 1.6-3.7

Cash for transport to clinic OR 1.4* CI 1.1-2.0

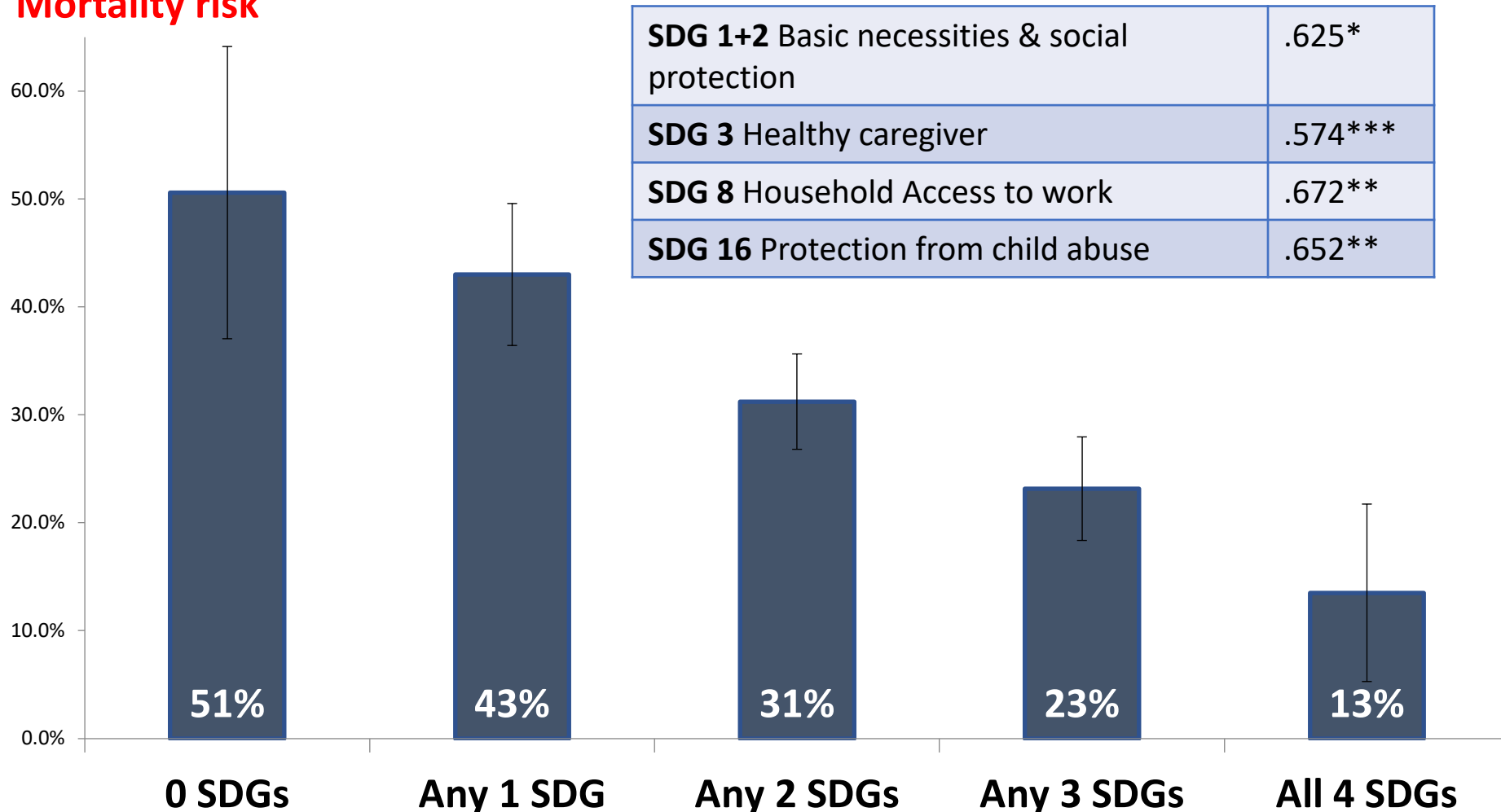
Kind Staff at Clinic OR 2.5*** CI 1.8-3.6



More SDGs: lower TB or viral failure

1000 HIV+ adolescents, 72 public healthcare facilities, 94% 3-year retention

Mortality risk



Cluver, L, Pantelic, M, Orkin, M, Toska, E, Medley, S, Sherr, L (in press) JIAS

Take-home messages

- Biomedical TB and HIV strategies have saved millions of lives, but are not enough
- History and recent evidence show that impact is higher when medical interventions are supported by socio-economic and structural interventions
- Need to tackle major risks and barriers: poverty, malnutrition, stigma and discrimination, over-crowded work & living spaces, pollution.....
- Cross sectoral working critical: **integration, integration, integration.**



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