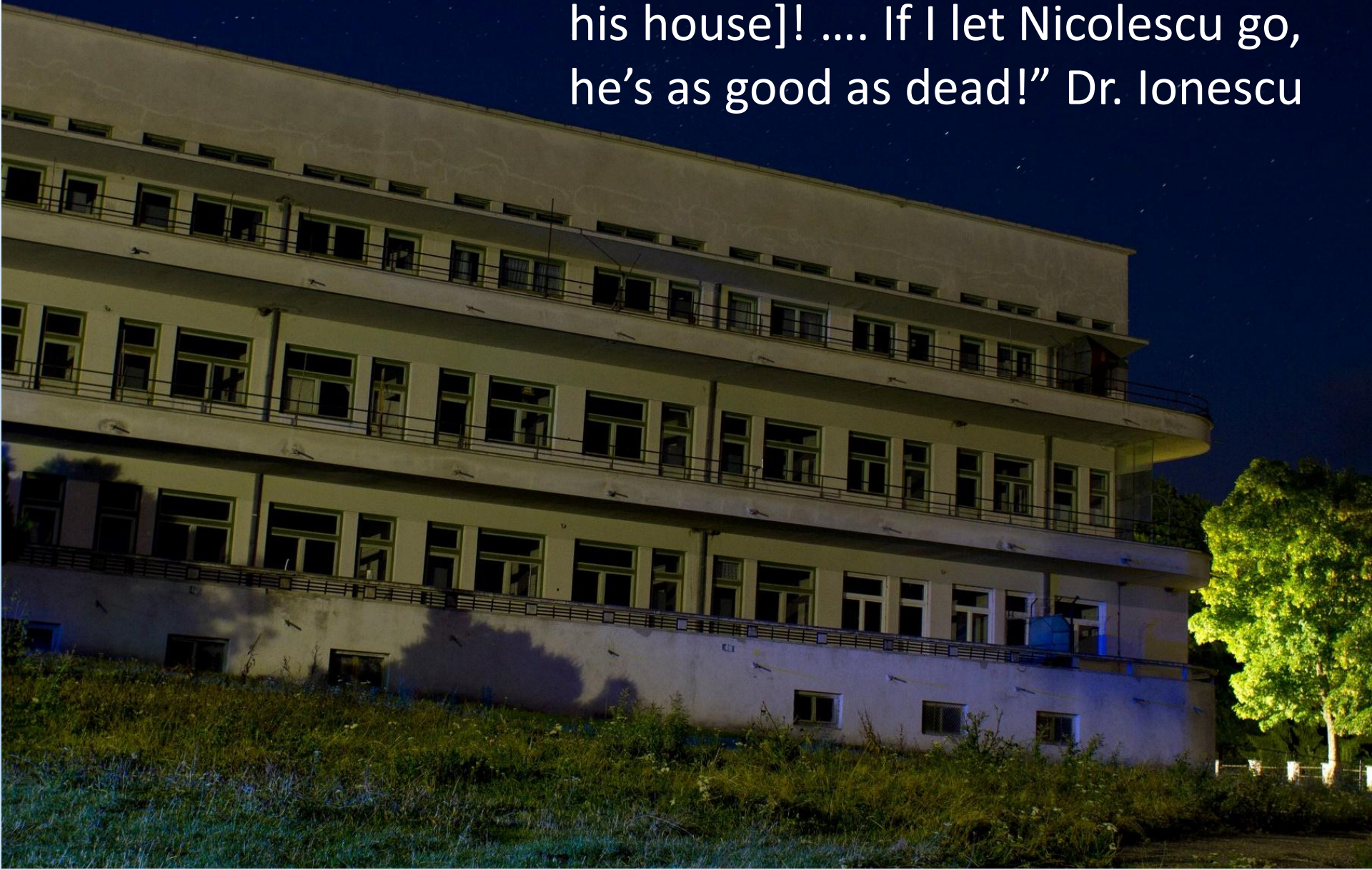


Vulnerable Groups and Social Determinants of TB



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“Have you spoken with Nicolescu ?
He doesn't even have windows [in
his house]! If I let Nicolescu go,
he's as good as dead!” Dr. Ionescu



Persistent problems in our region

- Poverty
- Migration (within countries and across borders)
- Roma and ethnic minorities access to health systems.
- Rural issues
- General health care access (due to availability, quality and corruption)
- Unemployment
- Homelessness
- Alcohol and drug use
- Incarcerated populations
- Co-infection with HIV and or hepatitis

A message to national TB programs: *“Show us, don’t tell us.”*

- There is a disconnect between the statistical outcomes of M/XDR-TB treatment programs (as well as the entire EU and WHO EURO region) and how Ministries of Health, TB programs, and Global Fund Principle Recipients talk about the present situation.
- Everything is always getting better, except when the data is published...then we are told that it will really get better soon. We can’t afford to wait that long and neither can the patients.

Failing the “Iulian Test”

- He has been dead for 3 years now. Could Romania cure him today? Could your country?
- What is the treatment success rate for patients with multiple social and economic barriers?
- How well are we reaching the most difficult patients?



Human Rights?

- STOP RATIONING M/XDR-TB TREATMENT!
- Start collecting good data about who gets access to rationed goods like rapid DST, GFATM supplied treatment and especially group 5/ XDR drugs like linezolid, clofazimine, bedaquiline, and delamanid *and* what their treatment outcomes are.
- Which groups have good access to treatment and which do not? What groups have good M/XDR treatment outcomes and which don't.
- There is a lot of data that is of poor quality or missing entirely.

We need broader coalitions and better cooperation

- TB programs
- Civil society-- not just “TB civil society!” but a wider range of groups including religious organizations
- Academics- Schools of public health, anthropologists, sociologists, social work departments, geography departments (GIS!) etc.
 - ❖ We need to think about the best ways to fund and time these collaborations.
 - ❖ There is added value when we involve institutions beyond the “usual suspects.”

Promising Directions

- Romania is using 6 month culture conversion as an indicator for patients treated in Global Fund projects as a way of determining whether interventions are working and reaching M/XDR patients.
- A former Romanian TB patient who now a medical anthropology PhD student, recently asked me to help her plan a research project on TB there.
- Bulgaria has quickly gone from having the worst MDR treatment success rate in the European Union (16%) to a rate about twice the EU average (67%)!
- EndTB project – not in our region, but should serve as inspiration to plan aggressive interventions rather than the present “go slow and wait for more money approach”

“Past performance is not necessarily indicative of future results”

