Minimum package of cross-border TB control and care: where are we today?

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WHO Regional Officer for Europe
Notified TB cases by origin; EU/EEA, 2012

Notified TB cases by origin; non-EU/EEA, 2012

TB and migration in Eastern Europe

National TB burden (estimated) due to labour migrants; CAR, 2011


TB in labour migrants; Russian Fed, 2007

Source: N. Frolova, Unit for Surveillance of Inf. and Parasitic Diseases, Moscow. Presentation in Wolfheze 2008. (600,000 persons examined during Mar-Dec 2007 ⇒ 3,058 TB cases detected [>500 per 100,000])
High MDR-TB countries; WHO Europe, 2013

World: 27 high burden countries, 295,000 MDR-TB cases

Europe: 15 high-burden countries, 76,000 (26%) MDR-TB cases

The galaxy of migration

Place
(migrant, internally-displaced-person)

Willingness
(voluntary, forced)

International law
(refugee, asylum seeker)

Time
(permanent, temporary)

Cause
(labour, student, medical tourism)

Legal status
(documented, undocumented)

labour forcedbrain refuge stateless immigration
receiving irregular smuggling assisted voluntary
documentation repatriation
Assimilation origin
temporary displaced
trafficking gain
resettlement skilled
xenophobia drain
movement

World Health Organization
Minimum package cross-border
pco@euro.who.int
TB symposium
17-18 Feb 2015, Yerevan
Vulnerability of labour migrants

Strategic directions (6)
1) Identifying and addressing M/XDR-TB determinants and underlying risk factors; 2) strengthening health system; 3) working in partnership; 4) new TB diagnostic, drugs, vaccines; 5) rational use of existing resources, mobilizing additional ones; 6) monitoring drug resistant TB and impact of interventions

Areas of interventions (7)
1) Prevent M/XDR-TB; 2) scale up access to TB drug testing, 2nd TB line drugs, HIV testing; 3) scale up access to treatment all TB forms; 4) scale up TB infection control; 5) strengthen surveillance; 6) expand countries’ capacity for advocacy, partnership and policy guidance; 7) address needs of special populations
Activities (related to TB and migration)

6.5.15 Member States (MS) encourage creation of civil society organizations in migrant communities and support for those that already exist

7.3.2 MS and WHO establish a mechanism for cross border TB control and care enabling continuum of treatment for migrants

7.3.4 MS improve access to TB prevention, control and care for hard-to-reach populations and vulnerable populations, especially migrants

Indicators (related to TB and migration)

7.3.2 Established mechanism for cross border TB control and care, target by 2013

7.3.4 Number of MS with outreach programmes targeting hard-to-reach populations, target 53 MS by 2015
Minimum package for cross border TB: when

Wolfheze 2010 (9th NTP Managers’ Meeting and 14th Wolfheze Workshop), The Hague, 31 May-3 June 2010

Session 6 - Pan European cross border TB control: recommendation to <<...formulate a concept paper on cross border TB...>>

Establishment of a working group: KNCV (M. Dara, N. Jansen), WHO Europe (M. Dara, P. de Colombani), ECDC (D. Manissero, A. Sandgreen), ERS (GB. Migliori, G. Sorgiu), IUATLD (E. Heldal), Swiss Lung Association (JP. Zellweger), IOM (R. Petrova-Benedict), UNDP (R. Bahtijarevic)
### Minimum package for cross border TB: what (2/3)

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International Health Regulations

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified:\(^1\):\(^2\):
- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS).

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally:\(^2\):
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Is the event unusual or unexpected?

Is there a significant risk of international spread?

Is there a significant risk of international travel or trade restrictions?

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS
ERS/WHO - TB Consilium

Are you a physician dealing with complex M/XDR-TB, TB-HIV and other difficult-to-treat TB cases?

The ERS/WHO - TB Consilium can help you to manage them, free of charge.

Here you can:

- Find assistance in English or Russian from more than 40 internationally recognised experts, selected by the WHO, ERS and ECDC
- Load key case information including scans and images through a patient-anonymous web platform designed by physicians for physicians
- Communicate with the experts and follow the status of your case online
- Receive full personalised written treatment advice from two experts in your choice of English or Russian within a few days

Want to know more? Read the full ERJ Editorial “Supporting TB clinicians managing difficult cases: the ERS/WHO - TB Consilium”
ERS/WHO - TB Consilium

Your cross-border cases
There are no any cases assigned to you

To submit a new cross-border case:

A. You are in charge of a patient from another country, who was previously diagnosed/treated there. To contact the relevant clinician in that country and know more about the diagnosis/treatment provided there, please submit “Patient A”.
   - submit a “Patient A” case

B. You are in charge of a patient, who needs requests to complete his/her treatment in another country. To contact the relevant clinician in that country, please submit “Patient B”.
   - submit a “Patient B” case

C. You are in charge of a patient who was recently in close contact with other people from another country. To inform the medical authorities of this country, please submit “Patient C”.
   - submit a “Patient C” case

USEFUL DOCUMENTATION:
- ERS-WHO instructions.pdf
- ECDC tuberculosis publications
- WHO Guidelines for the programmatic management of drug-resistant tuberculosis
- WHO guidelines on tuberculosis
Three levels of action for NTP

National TB Programme (NTP) and with other programmes
- Improve management of co-morbidities (HIV, diabetes, etc.)
- Undertake interventions for risk populations (people living with HIV, homeless, prisoners, etc.)

Involving the health system
- Strengthen all health system functions to improve capacity in addressing TB determinants

Beyond health system (upstream TB determinants)
- Improve social, economical and environment conditions of TB patients/families
- Coordinate with other sectors
- Advocate for social changes
CAR commitment to cross border TB control

- High-level meeting “Migration and tuberculosis: cross-border TB control and care in central Asian region”, 28-30 Nov 2011, Almaty: 60 participants (4 deputy ministers of health from KAZ, KRG and TJK, 14 senior officials from UZB, int. agencies and NGOs)

- Letter by Regional Director WHO/Europe (17 Apr 2012) to Ministries of Health of KAZ, KRG, RUS, TJK and UZB calling for taking the lead in formulation and coordination of cross-border TB control and care and considering the recommendations below:
  - Strengthen cooperation/coordination, harmonization of approaches in TB control in migrants, regardless of their legal and residential status.
  - Establish country-level interagency working groups for national inter/intra sectoral coordination (ministries of health, social affairs, internal affairs, labor, Migration Police and State Registration Service).
  - Identify mechanisms for regional inter/intra sectoral coordination/cooperation in Central Asia and with Russian Federation
  - Develop inter-governmental agreements and action plans