

Supporting progress towards the post-2015 targets and regional TB elimination. A statement of intent from the 3rd Meeting of Asian TB Experts Community

The WHO is challenging all countries, both high and low-incidence, to dramatically intensify efforts to meet bold new goals of reducing the global TB deaths by 95% and incidence by 90% (<10 cases/100,000) by 2035(1). This radical strategic change came from the recognition that the current strategy of passive case finding and DOT is not sufficiently curbing the incidence of TB. The new strategy calls for a synergy of interventions for early case detection, systematic screening, and prevention of contacts and high-risk groups such as those with HIV or immune depression, diabetics, health care workers, tobacco users and individuals in congregate settings.

The available evidence suggests that screening, if performed according to evidence and targeting the right people, may reduce suffering, death and all the downstream consequences of active TB. There is however, a need to balance potential benefits against the risks and costs of screening. The 2013 recommendations of the WHO on systematic screening for active TB states that, "indiscriminate mass screening should be avoided while risk groups should be prioritized for screening based on careful assessment of the local TB epidemiology, potential benefits and risks of harm of screening and alternative interventions to improve early TB detection" (8).

It is against this background that on August 16-17, 2014, a group of Asian leaders from 14 countries, national and international experts on tuberculosis (TB), diabetes, and rheumatology met in Macau, China to initiate discussion on the post-2015 WHO challenge of active case finding and prevention as a strategy for accelerating TB elimination in Asia. The objectives of the meeting were to discuss the strategy and evidence of active case finding and prevention among high risk groups; review the current epidemiology and practices of Asian countries regarding case finding; and to explore the most advanced approaches to investigate and treat contacts exposed to multi-drug resistant tuberculosis (MDR-TB), as well as screening and prevention of populations at risk in high burden settings.

The meeting was sponsored and coordinated by STOP TB Japan and co-chaired by Dr. Toru Mori Director Emeritus, Research Institute of Tuberculosis (RIT), Japanese Anti-Tuberculosis Association (JATA) and Dr. Erlina Burham, Head, Clinical Expert Team on MDR-TB and faculty of the Universitas Indonesia's *Pulmonology and Respiratory Medicine Department*.

The theme of the meeting was introduced by the keynote speaker, Dr. Nobu Nishikiori, Team leader Stop TB and Leprosy Elimination, WPRO, who provided an overview on the target linked to the post-2015 strategy. Presentations followed by regional and international experts analyzing the current TB control situation and assessing the feasibility of potential interventions in the context of scaling up active case finding and TB preventive treatment.

Pediatric, rheumatologist and diabetic experts all presented on the impact of TB in their field of expertise, clearly emphasizing the importance of active case finding, better TB control and screening in select targeted groups.

Although the heterogeneity of the region was widely recognized, an overarching consensus emerged on the need to identify and target high risk populations within the context of country specific epidemiological and control settings. In particular, screening and active case finding interventions should become a matter of priority in those populations where the morbidity and mortality risk far exceeds that of the surrounding general populations. There was unanimous agreement that without a scale up of these targeted active case finding interventions, it would be unlikely that any substantial progress towards TB elimination would be achieved in the decades to come. Finally, it evinced from several country and expert presentations that due consideration should now be given to expanding the role of preventive treatment as a programmatic intervention with harm-benefit and cost-effectiveness rationale taken into consideration under the different settings.

This meeting was convened in the spirit of advancing TB control in Asia and represents the first concerted regional reaction to the call for change in pace that the post-2015 strategy. Regional and country specific issues and approaches were discussed and debated in the spirit of reaching the highest ideals. Other regions have recognized the need to initiate dialogue in this direction and have established forums and channels for intense discussion on the value and need for solid TB elimination strategies (2, 4, 5,6). Although an Asian region-wide consensus on the next steps requires further concerted action under national and regional leadership, participants agreed on the intention to advance in the acceleration towards elimination of TB through:

- Better understanding, targeting and implementation of active case finding interventions with the aim to reach out to the most affected in order to maximize the impact on the TB epidemic;
- Considering and evaluating approaches for TB prevention as a strategy to eliminate TB in Asia and accelerate burden decline;
- Tailoring approaches to the current epidemiological and TB control situation in countries while recognizing the undeniable right of each individual to access a holistic spectrum of TB services including TB prevention;
- Recognizing that concerted health infrastructure development, leadership, solidarity and action will be required to shape the future of TB control in Asia.

Funding declaration: Funding for the meeting was provided to STOP TB Japan through an unrestricted educational grant from QIAGEN No promotional activity took place in the context or associated with the meeting.

References

- 1: Report by the WHO TB secretariat; Global strategy and targets for tuberculosis prevention, care and control after 2015. 29 November 2013.
- 2: Migliori GB, Fleck F. Collaboration is key for new global tuberculosis strategy. Bull World Health Organ. 2014 May 1;92(5):316-7.
- 3: Voniatis C, Migliori GB, Voniatis M, Georgiou A, D'Ambrosio L, Centis R, Raviglione MC. Tuberculosis elimination: dream or reality? The case of Cyprus.Eur Respir J. 2014 Aug;44(2):543-6.
- 4: Sotgiu G, Migliori GB. Is tuberculosis elimination a reality? Lancet Infect Dis. 2014 May;14(5):364-5.
- 5: D'Ambrosio L, Dara M, Tadolini M, Centis R, Sotgiu G, van der Werf MJ, Gaga M, Cirillo D, Spanevello A, Raviglione M, Blasi F, Migliori GB; European national programme representatives. Tuberculosis elimination: theory and practice in Europe. Eur Respir J. 2014 May;43(5):1410-20.
- 6: Diel R, Loddenkemper R, Sotgiu G, Migliori GB. Cost-effectiveness of treating latent tuberculous infection: a step towards elimination? Int J Tuberc Lung Dis. 2013 Dec;17(12):1515.
- 7: Diel R, Loddenkemper R, Zellweger JP, Sotgiu G, D'Ambrosio L, Centis R, van der Werf MJ, Dara M, Detjen A, Gondrie P, Reichman L, Blasi F, Migliori GB; European Forum for TB Innovation. Old ideas to innovate tuberculosis control: preventive treatment to achieve elimination. Eur Respir J. 2013 Sep;42(3):785-801.
- 8: Systematic screening for active tuberculosis Principles and recommendations Geneva, World Health Organization, 2013 (WHO/HTM/TB/2013.04). http://www.who.int/tb/tbscreening