States and Municipalities’ TB Coordinators Meeting marked the 10 years of TB fight as a government priority

It was held in Brasilia on August 6 and 7 the States and Municipalities’ TB Coordinators Meeting. The meeting aimed to promote the sharing of experiences among states and municipalities, but also analyze the current TB situation in the country in order to rethink strategies and search for more efficient solutions to control the disease. 27 state coordinators attended the meeting, along with coordinators from 181 municipalities considered as priorities.

2013 is the year in which we celebrate the 10 years of TB fight as a government priority in Brazil. According to the National TB Programme coordinator, Draurio Barreira, the indicators are favorable in general, however some are still bellow from what is recommended by the World Health Organization (WHO).

“There is a difference among the realities in the states and municipalities. There are states that have achieved the TB pre-elimination phase such as Tocantins, with an incidence of 13 cases per 100 thousand inhabitants. However there are states in which incidence is high above the national media”, he explained.

With an incidence of 37 cases per 100 thousand inhabitants, in Brazil 70 thousand cases were notified in 2012. The states with the highest incidence are Amazonas and Rio de Janeiro with 67.3 cases per 100 thousand inhabitants. The states with lowest incidence are Tocantins and the Federal District with 13.5 cases per 100 thousand inhabitants.

WHO recognized that, in 2012, Brazil reached the target of 50% mortality reduction by 2015 from 1990 baseline numbers. In 2011, the number of TB deaths was around 4,600, which corresponds to 2.4 deaths by 100 thousand inhabitants. Even so, the country hasn’t achieved the targets for cure and reduction of default rate recommended by WHO.

Currently, Brazil cures 75.4% of TB cases, when the recommended is 85%. When it comes to treatment default, the country reaches up to 10% while the envisaged is 5%.

According to the new WHO TB epidemic classification, the situation in Brazil is not generalized anymore, nowadays it is concentrated in some
populations such as persons living on the streets, institutionalized persons, indigenous population and people living with HIV.

In this sense Draurio has highlighted the importance of thinking about specific strategies to these populations. To him the intersectorial articulations are essential to ensure the rights for people with TB and to contribute with adherence to treatment. For this, specific measures such as social benefits and access to already existent programmes should be agreed and it would surely have an impact on default rates and thus on the incidence of multiresistent manifestations.

“In Brazil, we have made progress in the fight against the social determinants of tuberculosis. Many states and municipalities already offer some kind of social support during the treatment such as meal and transportation vouchers”, he explained.

One element of the progress mentioned by the NTP coordinator is the establishment of the parliamentary front to fight TB that subsidized the launch of the special subcommittee of poverty related diseases at the National Congress. About the discussion on the new global TB strategy, Brazil has been one of the most active protagonists, which culminated on the country being the proponent of the post-2015 strategy at the 2014 World Health Assembly.

**TB-HIV coinfection**

TB is the fourth cause of death by infectious diseases in the country and the first cause of infectious death in people living with HIV. For this reason HIV and TB programmes articulate to promote integration among their strategies to control TB-HIV coinfection.

According to WHO data, people living with HIV are from 21 to 34 times more vulnerable to TB than general population. Currently the coinfection rate in the country is 9.9%, with a mortality of 6%, three times higher than in the general population.

According to activist and executive secretary of the Stop TB Brazil, Jair Brandão, the dialogue and constructive critics are fundamental in the achievement of better indicators. “To me, we are living a historic moment in this meeting since we managed to gather TB and HIV coordinators. The fight against AIDS and TB will not be successful if it is done singularly, unarticulated with services and unrelated to society”.

Jair highlighted the importance of the civil society organizations in the combat to stigma and prejudice, as well as supporting adherence to treatment.
“Articulating with the health sector only is not enough. These diseases reach aspects that go beyond health. They involve social issues, stigma, prejudice, violation of human rights. We need to strengthen partnership with Social Assistance and Justice Departments in order to make progress in adherence, cure and promotion of human rights in health”.

According to the Health Surveillance Secretary from the Ministry of Health, Jarbas Barbosa, the health problems are always changing and so we need to always change our response to them, also when it comes to a century disease such as TB.

“We need to keep up with the changes. Some strategies used 10 years ago may not be efficient anymore. We need restless articulated people. We need to step out of the programmatic traditional actions and think about innovative responses. The Ministry of Health works to support innovative actions and impact strategies as a response to TB”.

For the secretary, an improvement in the indicators will only be possible if programmes search for new partners at intra and intersector levels.

“Mobilization and political will are tools to allow effective actions to diagnose and break the transmission chain in a short space of time. We can do more, cure more, early diagnose, treat latent TB. Our work at the federal level would not mean anything without the operation of state and municipality coordinators. Articulate! Innovate! Include civil society in the process! Doing this we can only gain”, he finalized.