

**Brazilian Partnership Against Tuberculosis
(Fórum da Parceria Brasileira Contra Tuberculose)**

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Overview of the progress in TB control activities in Brazil

- Historical overview

Tuberculosis remains as a serious public health problem in Brazil. An average of 85,000 new cases and 6,000 deaths were reported every year, during the past decade. Mean incidence is around 50 cases by 100,000 population a year. Brazil is among the 22 TB high burden countries, as classified by WHO.

National TB Control Program was established in the 50s, as a “vertical” specialized program, with little relation with other public health programs and activities.

Since the 80s, with the re-democratization of the country, a broad process of health reform has been undertaken, with the establishment of “Sistema Único de Saúde” (SUS), an universal coverage, free of charge, health system, in a decentralized base. The municipalities are responsible for the delivery of health care, as well as public health measures. They are funded through a “Municipal Health Fund”, which receives money from local, state and federal governments.

For almost two decades the National TB Program has been slow to respond to the decentralization process, and eventually was left behind. This further contributed to the loss of importance of TB as a public health priority, and be left among the “neglected diseases” group.

- Objectives

Since July 2003, with the new President’s term, a broad political process was started, in order to bring TB back to the national health agenda.

The Program's main objectives are:

- Maintain the detection rate above 70% of estimated cases;
 - Cure at least 85% of detected cases;
 - Decentralize diagnosis, and treatment to all primary care units in priority municipalities (315 municipalities, out of 5,560, account for more than 80% of TB cases)
 - Implement DOTS in, at least, 50% of primary care units in these municipalities (during 2005)
- *Achievements in 2004:*
- Detection rate above 70%;
 - Cure rate 73%;
 - 30 public health professionals (MDs and nurses) were hired to reinforce national and state TB Program coordination;
 - Some 9,000 health professional were trained in short-term training courses;
 - A national media campaign (including TV spots) was undertaken, the first one in the past 3 decades; and
 - National TB Partnership was launched in November, 2004, in a public hearing with the presence of Dr. Humberto Costa, Minister of Health.
- *Main Challenges and constraints:*
- Maintain TB among the public health policies priorities agenda.
 - Foster decentralization of the Program and increase DOTS coverage.
 - Improve TB information system.
 - Reduce treatment default.
 - Increase social mobilization on TB.

Please give us a brief description of your National Coordination Activities (ICC, CCM, Partnership)¹

- *Aims and purposes*

To strengthen social mobilization and participation in the struggle against TB as a way to increase the current low level of social awareness and mobilization about TB in Brazil. As a first step groups, NGOs, churches and other organizations working with TB or related field (such as AIDS NGOs), or interested on the subject, were invited to a workshop and a public hearing with the Minister of Health. The meetings were held on November 8th and 9th.

- *Results up to date*

TB Partnership is only recently established but some achievements include:

- The organizational structure has been approved by the members.
- The Executive Board has been elected.
- The mobilization plan was established.
- Working Groups, with different themes were organized.

¹ **Interagency Coordination Committee (ICC)** is a coalition of committed partners and donors directly connected to the performance of the NTP only. **Partnership** is a broad platform of partners in support of a much wider national response to Stop TB. **Country Coordinating Mechanism (CCM)** is a management coordination structure that includes all partners committed to implement a GFATM plan.

What are the best practices of your National Coordination Activities up till now?

The launching of the Partnership itself, with the participation of the Minister of Health, the Executive Secretary of the Global Stop TB Partnership, Dr. Marcos Espinal, other public health authorities, and nationally recognized artists, who came to Brasília to support the establishment of the National Stop TB Partnership Brazil. A Brazilian celebrity accepted to be Stop TB Ambassador.

Current technical and financial partners that support the DOTS implementation and expansion in Brazil

Brazilian TB Program is almost entirely financed by national public funds. USAID supports some local initiatives (in the states of Rio de Janeiro, São Paulo and Pernambuco), as well as the National TB Drugs Resistance Survey, a National initiative of the Ministry of Health). Some other international NGOs and donors support some local initiatives. The main technical and financial partners are mentioned in *Annex Brazil*.

The Executive Board was elected on Nov 8, 2004 with following members:

- Rede TB (Scientific Organization) – Rede Brasileira de Pesquisa em Tuberculose (Brazilian TB Network)
- Associação Damien do Brasil (Health care NGO)
- Fórum Estadual de ONG's RJ (Mobilization and social control NGO)
- BEMFAM (Health rights advocacy and complementary care provider)
- Pastoral da Saúde – Soc. Beneficente São Camilo – (religious organization)
- PNCT (National TB Program, government organization)

What are the current activities for Advocacy, Communication and Social Mobilization?

Working Groups are meeting and finalizing their working plans.

Other relevant information

TB Partnership activities have full support of Brazilian Government in pursuit of the National TB Program targets for 2005: case detection at least, 73.5% and cure at least 77% of detected cases.

Priorities

- Reduce TB transmission, morbidity and mortality.
- Increase DOTS coverage
- Increase case detection.
- Improve TB information system
- Strengthen social mobilization.
- Increase the coverage of vulnerable populations (prison inmates; indigenous ethnic group; homeless).
- Increase the coverage of HIV diagnosis.