



# THE 5% INITIATIVE AND THE FIGHT AGAINST TUBERCULOSIS

Tuberculosis is one of the world's most deadly diseases, second only to HIV/AIDS. There are an estimated **9.6 million** new cases of tuberculosis every year, or 26,000 new cases a day. A third of these cases go unnoticed – they are not diagnosed, reported or treated. Tuberculosis and poverty are closely linked. The disease is spread by coughing or sneezing, so overpopulation and precarious living conditions are major factors in its propagation.

In 2014, South-East Asia and the Western Pacific Region accounted for 58% of new reported cases of tuberculosis, whereas **Africa had the highest number of cases**, with more than 281 per 100,000 people.

**The Millennium Development Goal for halting the spread of the tuberculosis epidemic and reversing its incidence by 2015 has been met.** Between 1990 and 2015, the mortality rate fell by 47%, and tuberculosis prevention, diagnosis and treatment efforts between 2000 and 2014 saved almost 43 million lives. The Sustainable Development Goals recently adopted by the United Nations include putting an end to the tuberculosis epidemic by 2030 among their health targets.



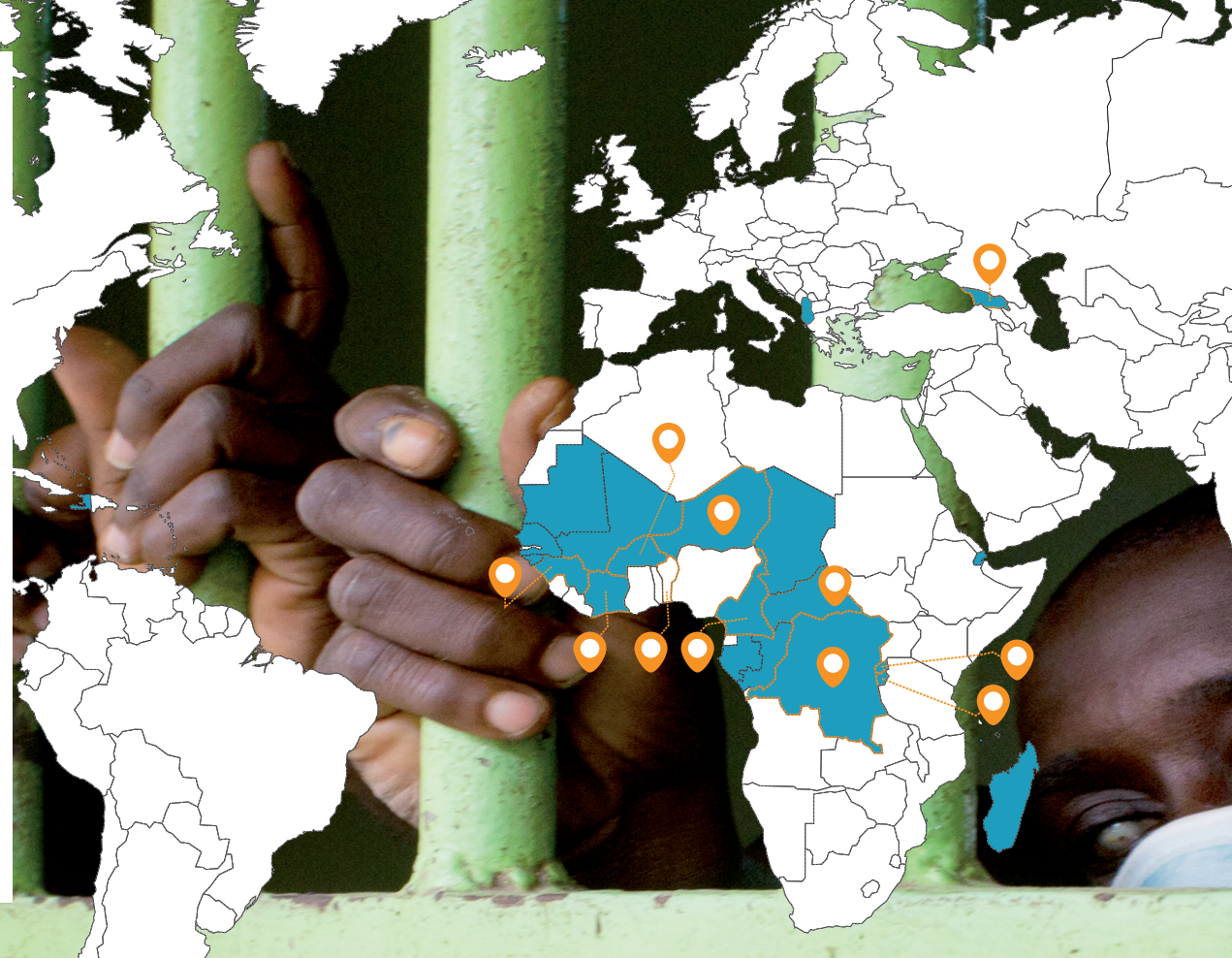
## OUR ACTIONS IN THE FIGHT AGAINST TUBERCULOSIS

### Countries having benefited from short-term expertise missions (via Channel 1) on the tuberculosis component

Albania, Burkina Faso, Burundi, Cambodia, Cameroon, CAR, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, DRC, Gabon, Georgia, Guinea, Guinea-Bissau, Haiti, Madagascar, Mali, Mauritania, Myanmar, Niger, Rwanda, Senegal and Vietnam.

### Countries in which our long-term projects are being implemented (Channel 2)

Benin, Burkina Faso, Burundi, Cameroon, CAR, Côte d'Ivoire, DRC, Georgia, Niger and Rwanda.



## HELPING COUNTRIES ACCESS FUNDING FOR THE FIGHT AGAINST TUBERCULOSIS

In the context of the Global Fund's New Funding Model, 24 missions have been conducted under the 5% Initiative's Channel 1 to help partner countries develop the tuberculosis and HIV-TB concept notes necessary for obtaining Global Fund grants for fighting this infectious disease.

In Mauritania for example, the 5% Initiative mobilised experts to help national bodies produce essential documents for the 2016-2018 tuberculosis funding. Priorities and interventions were targeted to ensure maximum impact in terms of extending access to the diagnosis and effective treatment of tuberculosis and accelerating the reduction in tuberculosis incidence. The Global Fund consequently allocated a tuberculosis grant of \$4.8 million.

## FURTHERING KNOWLEDGE OF THE PANDEMIC: SUPPORT TO EPIDEMIOLOGICAL STUDIES

In Georgia, 10% of new tuberculosis cases are multidrug-resistant despite subjects never having received treatment for this disease. This figure reflects increasingly high transmission rates in the country, especially among people living in close proximity to tuberculosis patients. This is why the 5% initiative funded an epidemiological study for measuring the percentage of direct tuberculosis transmission within households. This mission, conducted by experts from the Fondation Mérieux, was completed in March 2016. It focused on teaching staff at Georgia's National Centre for Tuberculosis and Lung Diseases (NCTLD) about laboratory methods for identifying transmission cases.

To capitalise on this mission, the 5% Initiative has issued a call for "Resistance" projects and selected a project aimed at strengthening capacities for the diagnosis and management of multidrug- and extensively drug-resistant tuberculosis, both of which are on the increase in Georgia. This project will be implemented by the NCTLD, in partnership with the National Centre for Disease Control and Public Health, the Fondation Mérieux, l'Assistance publique des Hôpitaux de Paris and the French Ministry of Social Affairs and Health.

## FIGHTING TB-HIV CO-INFECTION:

Tuberculosis is the first cause of death in people living with HIV. Approximately one in four of those dying with tuberculosis are HIV-positive. In 2014, an estimated 400,000 people died of HIV-associated tuberculosis.

### ■ By supporting the development of joint TB-HIV concept notes

The 5% initiative implemented 12 missions to help countries develop and draft HIV-Tuberculosis concept notes giving them access to Global Fund grants for fighting this co-infection.

### ■ By financing operational research projects

The RAFAscreen project: "Strengthening national responses for the screening and diagnosis of tuberculosis among two at risk populations: patients infected by HIV and diabetic patients in Benin, Senegal and Guinea" was selected in 2014 from among responses to a call for projects on the "Integration of vertical Programmes".



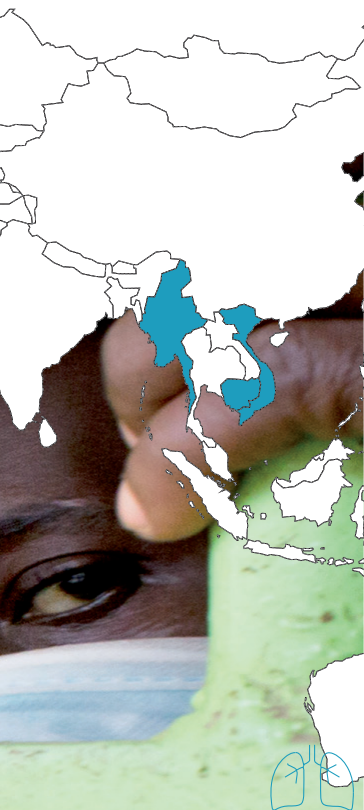
25 COUNTRIES SUPPORTED

3.7

MILLION EUROS SPENT SINCE 2011

17% OF CHANNEL 1 MISSIONS (IN NUMBER OF MISSIONS)

4 CHANNEL 2 PROJECTS RECEIVING MORE THAN €4 MILLION IN FUNDING



This operational research project, jointly funded by the 5% Initiative and WHO, is being led by Benin's National Tuberculosis Programme in partnership with Senegal's National Tuberculosis Programme, the Pneumo-physiology Unit at the Ignace Deen Teaching Hospital in Conakry, the association Solthis and the London School of Hygiene and Tropical Medicine.

The project is seeking to determine the diagnostic algorithm for tuberculosis in people living with HIV and among diabetic patients, introduce these diagnostic strategies at different levels of the healthcare pyramid and help strengthen capacities for conducting operational research on tuberculosis control programmes.

### ■ DIAGNOSING AND PREVENTING CHILDHOOD TUBERCULOSIS

The diagnosis of tuberculosis in children remains difficult and complex, especially in cases of co-infection by HIV. This has serious consequences, both at an individual level and in public health terms, as tuberculosis cases that go undetected and untreated cause the disease to spread.

### ■ Facilitating the diagnosis of tuberculosis in children in Cambodia

The preliminary findings of the ANRS 12229- PAANTHER 01 study, conducted in 4 countries including Cambodia and Vietnam, show that alternative sampling methods combined with extensive use of the Xpert MTB/RIF test would improve the diagnosis of tuberculosis in children with HIV.

The objective of the 5% Initiative's support here is to revise existing recommendations on the diagnosis of tuberculosis in children living with HIV, explore avenues for improving the diagnosis of tuberculosis in children not infected by HIV and implement a new diagnostic algorithm nationwide, accompanied by updated national recommendations.

### ■ Improving the screening and prevention of tuberculosis in children under the age of five.

The "TITI project" (Infantile Tuberculosis Transmission Investigation) is being funded through a 2014 call for projects on "Strengthening national responses for key populations and/or vulnerable groups". With a Global Fund grant of €700,000, it is being implemented by the International Union against Tuberculosis and Lung Disease in partnership with the national tuberculosis control programmes in Benin, Burkina Faso, Cameroon and the Central African Republic.

This project aims to put in place a system of systematic investigation in the households of contagious tuberculosis patients in order to identify and begin preventive treatment for children under the age of five who are particularly at risk of being infected by tuberculosis and developing the disease.

In three of the four countries concerned, the treatment regimen is based on the new paediatric formulations recommended by WHO (for 3 months).



The healthcare team at Abidjan's central prison, Côte d'Ivoire.



## IMPROVING THE TREATMENT OF MULTI-DRUG RESISTANT TUBERCULOSIS

Multi-drug resistant tuberculosis (MDR TB) is a form of TB infection caused by bacteria that are resistant to at least two of the most effective anti-tuberculosis drugs, isoniazid and rifampicin. Based on 2014 figures, WHO estimates 5% of all tuberculosis cases to be multi-drug resistant. This represents 480,000 cases a year, 190,000 of which have a fatal health outcome.

### ■ From a clinical study in the field to new WHO recommendations

Until now, treatments for multi-drug resistant tuberculosis were long (at least 20 months), toxic for the patient and had very limited efficacy, with a therapeutic success rate struggling to reach 50%.

In May 2012, the 5% Initiative launched a call for operational research projects and selected a multicentre observational study project coordinated by the International Union against Tuberculosis and Lung Disease in 9 French-speaking African countries (Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Niger and Rwanda), to which it allocated 1,463,000 euros in funding. This observational study sought to determine the efficacy and tolerance of a multi-drug resistant tuberculosis treatment regimen shortened to 9 months, in the usual conditions of a tuberculosis control programme.

Essentially on the basis of this study's findings, WHO has now revised its international directives on the treatment of MDR-TB and is recommending the short regimen. This new treatment regimen can be completed in 9 to 12 months for less than US\$1,000



The scientific committee in charge of implementing the study.

per patient. As well as being less expensive than current treatments, it is also expected to have better results and potentially reduce the number of deaths by improving adherence and reducing the number of patients lost to follow-up.

According to Dr Mario Raviglione, WHO Director of the Global TB Programme, "this a critical step forward in tackling the MDR-TB public health crisis".

### ■ Improving the management of patients with multidrug-resistant tuberculosis in Cameroon

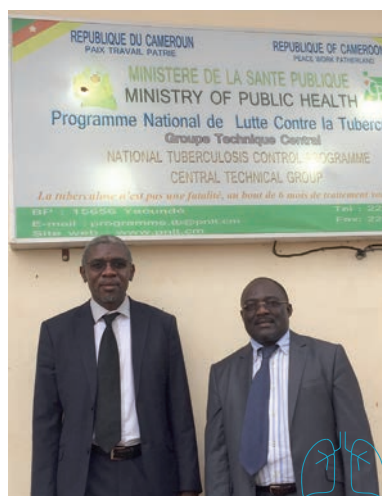
Given the proven effectiveness of the new short treatment regimen in significantly improving the treatment of MDR-TB, Cameroon's National Tuberculosis Control Programme approached the 5% Initiative through its Channel 1 for support with strengthening the capacities of healthcare personnel to manage patients with multidrug-resistant tuberculosis, from diagnosis through to recovery. This mission began in July 2016 and is being implemented by a team of two experts over a 12-month period.

### A word from Doctor Jean-Louis ABENA FOE, Permanent Secretary of Cameroon's National Tuberculosis Control Programme

"Cameroon's National Tuberculosis Control programme was faced with the problem of treating patients suffering from multidrug-resistant tuberculosis. Previously, a long treatment regimen had been used (21 months) that was very costly, and there were difficulties managing patients over such a long period. The programme is particularly interested in the new short regimens because they are affordable, well-tolerated by patients and have obtained excellent results in the pilot studies.

There are two major advantages for Cameroon in collaborating with this study:

- Firstly, the approach has been approved by WHO.
- Secondly, Cameroon has benefited from support from the 5% Initiative which has shown considerable flexibility in terms of funding and management procedures".



Dr. Abena Foe and Jean-Jacques Akamba, Expertise France's health coordinator in Cameroon.

## Initiative 5%

The 5% Initiative, an indirect contribution by France to the Global Fund to fight Aids, Tuberculosis and Malaria, supports partner countries in the design, implementation, monitoring and evaluation of programmes financed by the Global Fund through one-off technical support missions in response to requests from the countries concerned and funding for long-term projects of two to three years' duration.

For more information:  
[www.initiative5pour100.fr](http://www.initiative5pour100.fr)

