



GENERATING DEMANDS AND ACTIVISM FOR LTBI

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Photo: David Harrison for Treatment Action Campaign

Where is prevention?

UNAIDS



diagnosed



on treatment



virally suppressed

Stop TB Partnership

Reach at least

90%
OF ALL PEOPLE
WITH TB

and place all of them
on appropriate therapy—
first-line, second-line and
preventive therapy as
required

As a part of this approach,
reach at least

(90)%
OF THE KEY
POPULATIONS

the most vulnerable,
underserved, at-risk
populations

Achieve at least

90%
TREATMENT
SUCCESS

for all people diagnosed
with TB through
affordable treatment
services, adherence to
complete and correct
treatment, and social
support.

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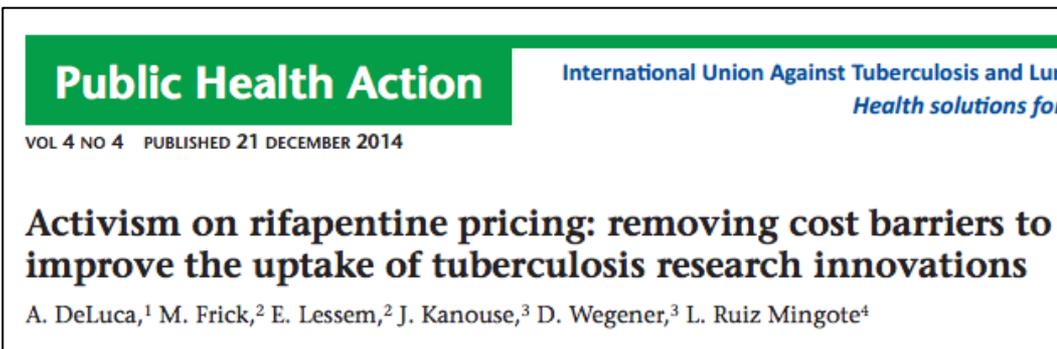
**INNOVATION IS A
POWERFUL CATALYST
FOR ACTIVISM**

WE'RE SEEING THIS PLAY OUT IN HIV PREVENTION



- Advent of PrEP has inspired a resurgence in HIV *prevention* advocacy.
- This has included some controversy—or, affected communities having tough conversations about issues of Availability, Accessibility, *Acceptability*, and Quality of prevention options.
- At the same time, PrEP and TasP have mapped a way to side-step debates about treatment *versus* prevention.

INNOVATION IS ALSO INSPIRING ACTIVISM IN TB PREVENTION



- Approved by a stringent regulatory authority for TB infection (FDA, 2014)
- Listed on WHO Model List of Essential Medicines for Adults & Children (2015)
- Included in WHO LTBI Guidelines (2015)
- Listed on the Global Drug Facility catalogue (2016)
- Sold at an affordable price point in the U.S. (2014)
- Subject of ongoing research (e.g., FDC and pediatric formulation development)

SCIENTIFIC PROGRESS ALONE ISN'T ENOUGH. PEOPLE NEED ACCESS TO ITS BENEFITS.

The pieces for rifapentine uptake are falling into place—for some people, in some places. But more needs to be done:

1. Register rifapentine more widely.
2. Increase awareness, build demand, mobilize communities.

Even in the U.S., not all clinicians have realized that rifapentine (Priftin) = 3HP = shorter LTBI treatment.

TAG has received lots of requests for information on 3HP from communities (South Africa, Peru, U.S., Vietnam etc.)



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**WE NEED TO MOBILIZE
COMMUNITIES AROUND
*TB PREVENTION***

“LTBI” is what we’re trying to address. But the term “LTBI” is not a good tagline for a movement.

We need to start speaking to communities about **TB prevention**—in all its forms: preventive therapy, vaccination, infection control.

Communities should be mobilized to address:

1. Unmet prevention research needs (R&D advocacy)
2. Scale-up of existing interventions (access advocacy)

Or better yet, devise even more persuasive ways to talk about prevention—e.g., becoming **TB proof**.



LOOK FOR COMMUNITY PARTNERS OUTSIDE THE USUAL “SUSPECTS”

Form partnerships not just with TB or HIV community-based organizations, but also with NGOs working on issues related to:

Immigration

Homelessness

Children and
families

Refugees/re
settlement

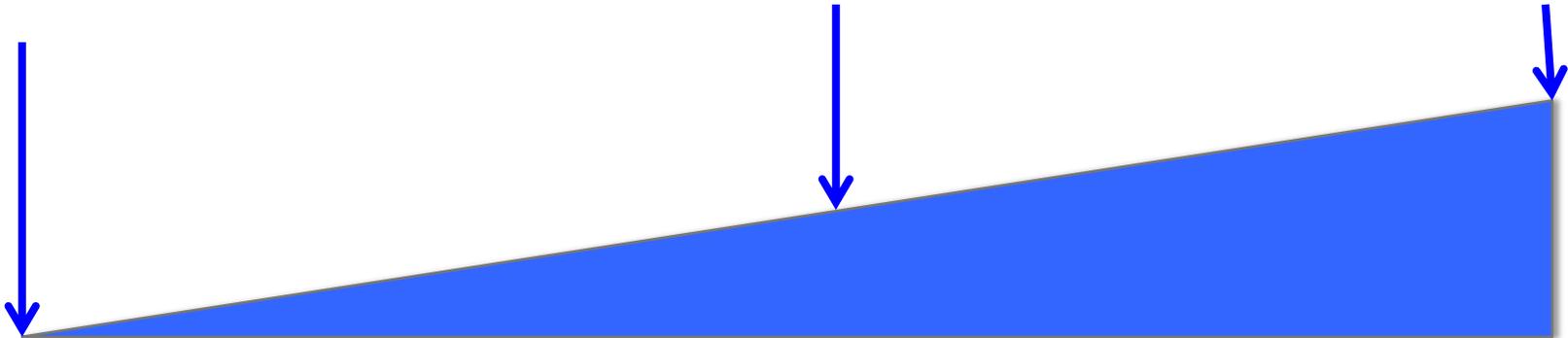
Labor Unions

Others?

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**ENSURE ETHICS &
HUMAN RIGHTS
GUIDE OUR THINKING**

LTBI IS A SPECTRUM OF ACTIVITY AND RISK



- Where we decide to intervene on the LTBI spectrum of risk will shape the number of (healthy) people asked to undergo testing and treatment.
- Tackling LTBI asks us to think about a whole new clinical category of people—the pre-symptomatically ill.
- We shouldn't be surprised if we're met with a lot of skepticism.

THIS SKEPTICISM IS NOT UNWARRANTED

- We should remember that in many places, a TB diagnosis carries a lot of stigma.
- There are still places where TB infection / disease / transmission are criminalized under the law.
- TB is a disease of families and close-knit communities.
- **Can we get to the point where people diagnosed with active TB *request* contact-tracing and screening of family and friends?**
- **Can we get to the point where PLHIV demand preventive therapy as their right?**



THANK YOU!

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| Reducing stigma | Reforming bad laws |
| Designing acceptable interventions | Building community trust and awareness |
| Partnering with CSOs | Focusing on vulnerable groups |
| Advocating for innovation | Advocating for access |