



Urgency in the fight against Tuberculosis amid the Coronavirus pandemic *Twenty clear-cut proposals to prevent a public health catastrophe*

As of March 24, World Tuberculosis Day, *Brazil's Social Network to Fight Tuberculosis (ART TB BRASIL)* cautions society and authorities about the risk that the new Coronavirus (COVID-19) pandemic intensify the seriousness of the Tuberculosis (TB) epidemic, currently the most lethal infectious disease in the world. Tuberculosis kills four thousand people every day, and 1.5 million people per yearⁱ. More severe forms of the disease have been pulling ahead, having affected half a million people in 2018.

With the present COVID-19 crisis, the response to Tuberculosis has been hampered by the overload experienced by the health services and by restrictions to people's movement to the health units, but especially by the epidemiological challenges. Trials carried out in China indicate that active or latent TB increases the susceptibility to COVID-19 and is a risk factor which may lead to more serious cases related to COVID-19ⁱⁱ. An estimated 25 per cent of the world population has latent TBⁱⁱⁱ.

In the current situation, to neglect the response to Tuberculosis is, therefore, a serious public health mistake. At the same time, the adoption of sustainable and lasting measures in the response to TB will enable not only better results in cutting down COVID-19 associated mortality, but also a prevention of a peak in TB incidence. This is key, as the number of TB cases in Brazil has risen, from 87 thousand in 2016, to 95 thousand cases in 2019^{iv}. Furthermore, TB prevalence is concentrated in poverty contexts, such as slums and the periphery of cities, whose populations are highly neglected in their access to health, and might be seriously affected by the COVID-19 crisis. To this extent, we request the adoption of a series of measures by the Federal Government to overcome the deficiencies which have accumulated in the Brazilian response to Tuberculosis, which should involve recovery and improvement of the existing services, as well as emergency measures in the scope of the COVID-19 pandemic.

Measures to ensure the sustainability of responses to Tuberculosis:

1. Adoption of new medications in the country for TB preventive therapy (TPT) (to treat "latent" tuberculosis);
2. Adoption of the Bedaquiline to control multidrug-resistant tuberculosis (MDR-TB), pursuant to guidelines by the World Health Organization (WHO). Brazil keeps deploying injectable drug schemes, which cause several adverse effects and sequels, when there are less toxic and more efficient schemes. MDR-TB has been expanding in Brazil, with neither due attention nor urgency, as pointed by preliminary data from several studies and programs. The request to incorporate Bedaquiline was filed at CONITEC (National Committee for the Incorporation of Technologies on the SUS) on April 25 2019, with all deadlines stipulated for this agency to complete its analysis having been ignored;
3. Including a urinary diagnosis (LAM) at the Unified Health System, especially in tertiary units (hospitals), to aid in the diagnosis and treatment onset among serious, low immunity patients living with HIV, who require a swift response. The process has been dragging along at CONITEC. People with high TB-HIV co-infection prevalence rates miss out due to the lack of this diagnostic tool, as recommended by the WHO;
4. Prioritization of TPT for HIV+ patients as a precautionary, efficient tool, as set forth in the HIV/AIDS guidelines since 1993. It is estimated that less than 10 per cent of HIV+ people who are eligible receive the correct preventive treatment. Lack of programmatic data on the subject prevents the adequate fight against the problem;
5. A concrete solution to the unavailability of rifampicin in 300mg capsules and 20mg/mL oral suspension, which has affected treatment of both adults and children with TB in the country.



According to CGDR/DCCI/SVS/MoH's Official Circular Letter no. 6, of October 2019, reestablishing supplies only in the second quarter of 2020 sounds overly distant and vague to the citizens with tuberculosis, who suffer with rationing or restrictions in the distribution of rifampicin across the states. This situation reveals the inability to trigger off multilateral bodies in order to locate alternative suppliers;

6. Prioritization in the recording and incorporation of IGRA, which may contribute towards diagnosing people with TB among HIV+ patients in hospitals across Brazil, a country featuring high TB-HIV co-infection loads;
7. The reinstatement of the Technical Advisory Committee on Tuberculosis (CTA-TB), which was made extinct in 2019, the absence of which has contributed to a clear slowing down of the reviewing of guidelines to diagnose and treat TB in our country, when there is urgency in the reviewing and adoption of the frequently issued new guidelines by the WHO;
8. Revisions both of the [Resolution no. 444, of July 6, 2011](#), which addresses the role of SUS's social control to monitor the National Tuberculosis Control Plan, and of the [Report](#) by the Special Subcommittee for Social Security and Family (CSSF) for Poverty Determined Diseases, at the House of Representatives, with the aim of rekindling the proposals and courses of action indicated by the documents that involve political agreements, convergence and articulation of the Unified Social Welfare System (SUAS) and Unified Health System (SUS) to fight diseases related to poverty;
9. Investment in qualification efforts to reduce ignorance among health professionals about TB. There is a strong need to bring awareness about and broadcast the specifics of the disease to medical doctors, health agencies and community organizations, especially those assisting vulnerable populations in difficult-to-reach areas. Limited training opportunities in clinics, laboratories and research in TB lead to loss of knowledge and expertise in TB by these players;
10. Political, technical and financial support to undertake actions involving advocacy, communication and social mobilization (ACSM) through the involvement of civil society organizations (OSC) and communities;
11. Implementation of human rights policies, programs and strategies, in accordance with the Declaration of the Rights of People Affected by Tuberculosis, aiming at fighting stigma and discrimination associated with TB;
12. Reduction of the reliance on foreign supplies, raising public investment on R&D and production, and linking them to transparency policies, universal access and open knowledge.

Emergency measures in the context of COVID-19:

13. Issuance of a Technical Note by the MoH, with recommendations to manage people with TB/COVID-19;
14. Ensuring that all people with TB or COVID-19 are prematurely diagnosed and receive the necessary treatment. To ensure molecular diagnosis for all COVID-19 symptomatic cases;
15. Immediate revoking of Constitutional Amendment no. 95/2016, which has withdrawn SUS funding, freezing investment until 2036;
16. Immediate increase in the resources destined to fight Tuberculosis, which are historically insufficient, having been reduced by 37 per cent from 2019 to 2020;
17. Economic measures aimed at maintaining and boosting social protection mechanisms to people affected by TB, who are largely in the low-income bracket and live under precarious conditions;
18. Regular monitoring of people affected by TB by community health units and teams, ensuring that agents and activists working in communities are able to access supplies such as N95 face masks;
19. Attention strategies devoted to populations already more vulnerable to TB, especially those who are freedom-deprived, homeless, isolated (such as indigenous ones), as well as persons living with HIV/Aids, upon which the impact of COVID-19 may be catastrophic;



20. Fostering studies that aim to understand the dynamics of COVID-19 and TB comorbidities with other diseases.

These proposals result from the reflections by a national collective comprising social players who are involved in the fight against Tuberculosis (ART-TB Brasil), many of which were extracted from the **Note by the collective of activists in the fight against tuberculosis in Rio de Janeiro**, issued this month. We therefore highlight critical, clear and objective demands, for which we expect a swift position by the Ministry of Health.

ⁱ <https://www.forbes.com/sites/madhukarpai/2020/03/17/covid-19-and-tuberculosis-we-need-a-damage-control-plan/#daf1105295ca>

ⁱⁱ Data from a multicentric observational case-control study:
<https://www.medrxiv.org/content/10.1101/2020.03.10.20033795v1.full.pdf>

ⁱⁱⁱ <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

^{iv} according to the latest Global Tuberculosis Report (WHO)

