**Integrating Tobacco Cessation within TB programmes:**

**Current research, progress and future directions**

Meeting of the TB&Tobacco Consortium with representatives from Bangladesh, Nepal and Pakistan TB Programmes, WHO, FCTC Convention Secretariat and UNDP

Geneva: 5th November 2018

*Participants:*

1. NTP Director, Bangladesh: Prof. Dr. Md. Shamiul Islam
2. WHO Tobacco: Dongbo Fu
3. WHO TB: Dennis Falzon
4. FCTC Convention Secretariat: Leticia Martínez López
5. WHO EMRO: Muhammad Akhtar and Raouf Alebshehy
6. UNDP: Douglas Webb

Members of the TB&Tobacco Consortium:

1. University of Leeds, UK: Helen Elsey
2. University of York, UK: Kamran Siddiqi and Omara Dogar
3. The ARK Foundation, Bangladesh: Rumana Huque
4. HERDInternational, Nepal: Sushil Baral
5. University of Dusseldorf, Germany: Melanie Boeckmann

Apologies:

NTP Director, Nepal: Dr. Bhim Singh Tinkari

Provincial Tuberculosis Control Programme, Khyber Pakhtunkhwa, Pakistan: Dr Maqsood Ali and Dr Mohammad Dost Khan

Chief Research, Common Unit (HIV,TB,Malaria) , Global Fund Grant: Dr Razia Fatima

WHO SEARO: Dr Jagdish Kaur and Dr Mukta Sharma

All presentations from the meeting can be found [here](https://drive.google.com/drive/folders/1ZZVS67OZ5eIn3frozCQMM3V_0PnOI1EO?usp=sharing).

Please see the [TB&Tobacco website](https://tbandtobacco.org/) for copies of all materials discussed during the meeting (https://tbandtobacco.org/).

During the presentations and discussions, the following factors were identified as enabling the integration of tobacco cessation within TB programmes:

* Financial support – WHO can advocate for this within the decision-making space at national level to allocate resources to support integration
* Revision of information systems– easier to integrate within digital systems, as these are being piloted and scaled up in LMICs, this is an opportunity for inclusion of tobacco use/quit indicators.
* Emphasis on a patient-centred approach – health workers need new skills to support patients to change their risky behaviours, like tobacco use, alcohol etc.
* Comprehensive approach to tobacco – including campaigns to raise awareness of the dangers of tobacco among groups vulnerable to tobacco uptake, e.g. young people, women, urban migrants.
* Respond to policy opportunities – e.g. the UN High Level meetings on TB and on NCDs were on consecutive days, which provided an opportunity to discuss integration both at country level (Bangladesh) and at the UN HLM.
* Sharing the evidence of the associations between tobacco and TB and on the cost-effectiveness of tobacco cessation within TB programmes.
* To achieve case finding targets, there is a need to focus on co-morbidities such as diabetes and risk factors, such as tobacco. Relying on only screening those with a cough of 2 weeks or more will miss many cases.
* Global fund (GFATM) can take the lead in funding health systems interventions such as training of trainers and health workers for cessation within NTPs, revising reporting forms and systems and required materials.

In groups, participants considered the actions needed at national level, particularly Bangladesh and Nepal, and at global and regional level. They also made recommendations for future research and dissemination activities to support the integration agenda.

**Group 1: Bangladesh**

*Recommended actions:*

Global level

* a high level technical group (STAG) to develop a global strategic plan for co-morbidities and risk factors with a clear breakdown of actions.
* More leadership from the TB programme at global level, taking a proactive approach
* To change current TB reporting practice to include tobacco related indicators

Regional level - SEARO

* Greater discussion/coordination at regional level – to focus on improving the level of evidence available and dissemination.
* Joint proposal for funding for integration activity
* Technical support to country level
* Need to develop regional strategic plan – coordination with MPOWER, FCTC Article 14
* TB and Tobacco consortium can support this process and provide links/summaries to evidence as needed.

Country level – Bangladesh

* There is currently no strategic plan for co-morbidities integration of tobacco and other risk factors at country level and the focus is on TB only.
* Indicator in SDG progress monitoring with NTCC
* To understand impact we need operational studies of nationwide integration

**Group: Nepal**

Similar to Bangladesh, there is currently a lack of policy structures and plan to address integration of tobacco and TB.

Recommended actions:

* Policy for integration is needed, spelling out accountability, synergy and collaboration needed for integration. This should be based on the known enablers and incentives/disincentives for integration.
* Evidence of the costs and return on investment is needed
* Tobacco reporting needs to be included in routine TB reporting
* The commitment to the elimination of TB by 2030 provides an opportunity to gain support for the synergistic collaboration between tobacco departments and the TB programmes, as addressing co-morbidities and risk factors is a key strategy for attaining this goal.
* Technical packages need to be put together, showing clearly what and how (guidelines, manual and implementation tools. The work of the TB&Tobacco consortium can help here).
* The policy and strategy need to address institutional structures and capacity
* Delivery of integration in the real work will need to consider public private partnerships, service delivery and link across public services.
* Financing options for integration must be addressed, including within proposals to Global Fund.
* Multi-sectoral approach across government ministries and departments is needed.
* A clear accountability framework with indicators, roles/responsibilities and a monitoring system should be established within the strategy.

***Participants at the TB and Tobacco Integration Meeting***



