

INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE STRATEGIC PLAN FOR LUNG HEALTH 2020-2025

INTRODUCTION

This document sets out a five-year Strategic Plan for The Union's Lung Health Department. The Union has existing 2015-2020 Strategic Goals and therefore this document looks beyond this to 2020-2025. Whilst the focus is on this future time period, this Strategic Plan is intended to help deliver against the current Strategic Goals too. This Strategic Plan reflects a process of wide consultation within The Union including the membership, the Adult and Child Lung Health (ACLH) Section Officers, The Union's Senior and Executive Management Teams, and the Board of Directors. A guiding principle in the development of this document has been The Union's vision of Health Solutions for the Poor.

THEMES

Two broad themes have emerged as priorities for the Lung Health Department and the ACLH Section:

- 1. Lung health across the life course**
- 2. Health and well-being post TB**

Within these there are several sub-themes:

Lung health across the life course

1. Attention to the avoidable causes of lung disease
 - a. Early life origins of lung disease (e.g. pre-conception, in-utero, early childhood)
 - b. Ambient air pollution (e.g. industry, fire smoke, traffic)
 - c. Household air pollution (e.g. cooking, heating, lighting)
 - d. Smoking in all its forms
 - e. Occupational exposure to dust, fumes and sensitizers
 - f. Vaccine-preventable respiratory infections (e.g. pneumococcus, influenza, Hib)
 - g. Other potentially preventable respiratory infections (TB)
2. Effective acute care for common, high-burden respiratory illness
 - a. Appropriate use of antibiotics for respiratory infections
 - b. Access to short-term oxygen therapy and non-invasive ventilation
 - c. Access to resuscitation and intensive care
 - d. Access to acute care for exacerbations of airways disease (steroids and inhaled bronchodilators)
3. Access to cost-effective long-term interventions to mitigate the effects of longer-term respiratory illness
 - a. Affordable, regular access to inhaled bronchodilators and corticosteroids using appropriate devices for people with type2 inflammation ("asthma"), COPD and other airways diseases
 - b. Exercise-based pulmonary rehabilitation for people with deconditioning
 - c. Sputum clearance techniques for people with suppurative lung disease
 - d. Access to long-term home oxygen for those who may benefit
 - e. Access to nCPAP for people with excessive sleepiness due to obstructive sleep apnoea
 - f. Access to effective therapy (diagnosis, surgery, DXRT, drugs) for lung cancer

Health and well-being post TB

1. Post-TB lung disease
2. General health and well-being including disability post TB
3. Mental health and well-being post TB
4. Socio-economic well-being post TB
5. Stigma and discrimination post TB

Although the priority themes and sub-themes cover many of the major lung diseases and their risk factors, there are important problems that are only touched upon (for example smoking cessation and lung cancer) and an approach to addressing these will be needed for a comprehensive approach to lung health relevant across primary and secondary care settings.

GOALS

The current 2015-2020 Strategic Goals - particularly Goals 3 to 6 - are highly relevant to these themes:

GOAL 1: To work with the WHO END TB strategy to accelerate progress towards the global elimination of tuberculosis with a particular focus on the needs of people living in poverty and people living in low- and middle-income countries

GOAL 2: To reduce the burden of childhood tuberculosis, particularly in high-burden settings and among those living in poverty

GOAL 3: To reduce the prevalence of tobacco smoking in high-burden low and middle-income countries and among people living in poverty everywhere

GOAL 4: To reduce the burden of chronic lung disease and respiratory infections among people living in poverty and people living in low- and middle-income countries

GOAL 5: To advocate for, and to assist others to advocate for, the policies and actions that contribute to improved lung health globally with a particular focus on people living in poverty and people living in low- and middle-income countries

GOAL 6: To optimise the long-term capacity of The Union and its member organisations to achieve their missions

A slight re-wording of Goal 4 is proposed to include reference to non-communicable disease and to emphasise the socio-economic as well as health burden:

r.GOAL 4: To reduce the health and socio-economic burden of communicable and non-communicable lung disease among people across the life course living in poverty and other situations of disadvantage and inequity.

Advocacy is included below as an integral part of Goal 4 rather than as a separate Goal 5 to reflect the importance of integrating pathways to policy impact with the other activities needed to address Goal 4.

OBJECTIVES & PLANS

A refreshed set of objectives that builds on those under the 2015-2020 Strategic Goals is proposed under Goal 4 to reflect the thinking behind the priority themes and sub-themes. Examples of specific plans (indicated by the bulleted list under each objective) are given although the expectation is that these will evolve over the course of the 5-year strategy. Much can be achieved without additional specific funding - the examples of specific plans are colour-coded according to those that can: 1) be delivered without additional funding (green); 2) be delivered with modest additional funding – suggest <20K Euro each – from within The Union (amber); 3) be delivered only with substantial additional funding through external sources (red).

4.1. **To generate and share up-to-date information** about the burden and determinants of communicable and non-communicable lung diseases to help with priority setting, progress tracking and advocacy:

- The Lung Health Director will contribute to the work of GAN including:
 - the writing of the Global Asthma Report;
 - the possibility of undertaking work of a similar nature for COPD, bronchiectasis and post-TB lung disease will be explored (noting others have covered the topic of air pollution in this way already - e.g. State of Global Air).

- A new ACLH Section Working Group will be established to address lung health and well-being after TB in children and adults (and families). The specific objectives of this group will include:
 - developing a consensus name and definition for post-TB lung disease;
 - writing a state-of-the-art review on the topic for IJTLD including recommendations for clinical practice, policy; proposing relevant sessions for The Union World Conference on Lung Health; using The Union World Conference on Lung Health Working Group meetings for research and implementation grant writing workshops.
 - A Workshop on this topic in early 2019 to bring together experts and make progress against these objectives would help garner momentum and has been proposed by a member of the ACLH Section with an offer of hosting this at Stellenbosch University in South Africa.
- Epidemiological studies will be done in partnership with others - e.g. the Global Asthma Network (GAN) and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) - to generate new knowledge about the burden and determinants of asthma, COPD, bronchiectasis, post-TB lung disease and exposure to air pollution that will inform Global Burden of Disease estimates, and strategy for WHO, The Union and others.

4.2. To develop improved strategies for the prevention of communicable and non-communicable lung disease:

- The Lung Health Director is a member of and will continue to support the ACLH Section Working Group on Air Pollution.
- The Lung Health Director will work with and support INSPIRE: Health Advocates for Clean Air which is a collaboration that includes Vital Strategies and The Union.
- The Lung Health Department will maximise opportunities to collaborate with the more TB- and tobacco-focused Departments and membership sections of The Union to address both the prevention of post-TB lung disease and the intersection between TB and non-communicable lung disease.
- Whilst approaches to the prevention of asthma are currently unclear and the subject of ongoing research, there are clear evidence-based approaches for the prevention of COPD, bronchiectasis and pneumonia that include exclusive breast feeding up to the age of 6 months, good nutrition across the life course, vaccinations, prevention of HIV infection, effective treatment for people living with HIV, and breathing air that isn't polluted by tobacco or other kinds of smoke. The Lung Health Department will therefore concentrate on advocacy here whilst supporting clinical, epidemiological and operational research where strategic to do so.

4.3. To improve access to health and social care for people with communicable and non-communicable lung disease:

- The Lung Health Director will work closely with the ACLH Section Asthma Working Group on a refreshed set of objectives focused on improving access to quality-assured and affordable asthma (and COPD) medicines that are included in the WHO Essential Medicines list.
- The Lung Health Director will work in partnership with a wide range of stakeholders to path-find solutions to barriers to basic effective care for people with lung diseases with a view to developing collaborative research programmes to evaluate these solutions.
- The Lung Health Director and ACLH Section will work together to explore how The Union could best contribute to global efforts to prevent and treat pneumonia - and particularly pneumonia in children under the age of 5 years.
- Tuberculosis, pneumonia, chest-related sepsis, asthma, COPD and other communicable and non-communicable lung diseases can all present acutely and in ways that can be difficult to disentangle from other diseases that present in similar ways. There is therefore a need for strong emergency care-orientated health services to maximise the chances of good clinical outcomes following these acute presentations. The Lung Health Department and ACLH Section will work together to explore how The Union could best contribute to solutions in this

area e.g. focused work on rescuing and resuscitating the critically ill patient; improving access to oxygen; advocacy efforts in relation to Universal Health Coverage.

- In the past, The Union has developed management guidelines for conditions such as asthma as have many other organisations. Rather than attempt to develop a set of Union branded guidelines, the Lung Health Department will work with the ACLH section to engage with major international guideline/strategy initiatives (e.g. GOLD; GINA; PACK) to maximise their relevance for people living in poverty and other conditions of disadvantage. Should such attempts be unsuccessful then the possibility of developing guidelines bespoke to the needs of these groups will be reconsidered.
- The Lung Health Department would ideally be in a position to deliver - or contribute to the delivery of - Technical Assistance programmes for improving access to health and social care for people and with communicable and non-communicable lung disease led by the Union or other organisations such as the WHO.

4.4. To work in close partnership with a wide range of stakeholders - including TB-affected communities, individuals, patients, civil society, governmental and non-governmental organisations and the WHO - to develop innovative solutions to reduce the health and socio-economic burden of communicable and non-communicable lung disease:

- The Lung Health Department and ACLH Section will support the SORT-IT (intensive course in operational research) and other courses that support the membership and wider Union-affiliated community in developing and evaluating innovative solutions.
- The development and evaluation of innovative solutions to reduce the health and socio-economic burden of communicable and non-communicable lung disease will be catalysed through a Lung Health Director-led initiative to support the design, conduct, analysis, publication and dissemination into practice of clinical, epidemiological and operational research.

4.5. To advocate for, and to assist others to advocate for, the policies and actions that contribute to improved lung health globally with a particular focus on people living in poverty and people living in low- and middle-income countries:

- The Lung Health Department and ACLH section will contribute to evidence-based Union-wide and Union-led advocacy efforts to improve global lung health.
- The Lung Health Department and ACLH section will work in partnership with others - including the WHO, The Global Alliance against Respiratory Disease (GARD), the Forum of International Respiratory Societies, GAN, the Non-communicable Disease Network, Civil Society - to contribute to evidence-based advocacy efforts to improve global lung health.
- The Lung Health Director will attend and contribute to GARD meetings as a representative of The Union.

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