

**APPG on Global TB**  
**World TB Day 2010 Parliamentary Questions and Answers**

**Department of Health questions:**

**1) Dr. Doug Naysmith (Bristol, North-West) (Lab/Co-op):** I know that the Secretary of State is aware that there are two separate electronic surveillance systems for tuberculosis in England: one for London, one for the rest of the country. Does he agree that it would be more sensible to have one system for the whole country, enabling more effective control and treatment of that troublingly persistent disease, and, perhaps, a national treatment plan, as in many other countries?

**Gillian Merron:** I agree, and a new national system will be up and running early next year.  
<http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100330/debtext/100330-0003.htm#10033052000034>

**2) Dr. Naysmith:** To ask the Secretary of State for Health what steps his Department is taking to encourage health services in areas with a high number of tuberculosis cases to co-ordinate their work with other public services used by those at a high risk of contracting that disease. [323669]

**Gillian Merron:** In June 2007, the Department published a toolkit in to help the national health service to implement the key points of the Chief Medical Officer's Action 'Plan Stopping Tuberculosis in England' (October 2004) through effective commissioning and delivery of services. A copy of the plan has already been placed in the Library. This recommended a comprehensive approach to commissioning to include a wide range of stakeholders including community services used by those at high risk (and those being treated for Tuberculosis) and through development of locally targeted health promotion and awareness raising.

TB Alert are funded by the Department to help local primary care trusts develop targeted awareness raising, much of this to be delivered through partnerships with other local services working with risk groups.  
[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100325/text/100325w0023.htm#qn\\_161](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100325/text/100325w0023.htm#qn_161)

**3) Dr. Naysmith:** To ask the Secretary of State for Health what recent assessment his Department has made of the effectiveness of the NHS in diagnosing those with tuberculosis; and what steps he is taking to improve the methods used by the NHS to diagnose people with that disease. [323668]

**Gillian Merron:** The Department has made no specific assessment of the effectiveness of the national health service in diagnosing tuberculosis. The Care Quality Commission, as part of its Annual Health Check of NHS organisations, monitors the implementation of National Institute for Health and Clinical Excellence (NICE) guidelines and assesses how the NHS implements delivery of services, including TB services. The organisation and running of local services are matters for local NHS management. Primary care trusts are responsible for procuring TB services to fit their local demography and incidence of TB in their area, and ensuring that those standards are monitored, met and reviewed as part of the commissioning process.

The Department published a toolkit in June 2007 for the NHS recommending that the NICE clinical guidelines (published 2006) on the diagnosis and management of tuberculosis should be followed by all NHS service providers.

The diagnosis of TB is made from a combination of context, symptoms, clinical signs and investigation. NICE recommends that clinical investigation for pulmonary TB (the only infectious form) comprise a chest X-ray, followed by multiple sputum samples for TB microscopy and culture. These represent the current

'gold standard' diagnostic tools, and NICE advises that if the clinical signs and symptoms are consistent with pulmonary TB then treatment should be started without waiting for further tests.

NICE identified areas for future research, one of which concerned Interferon Gamma Release Assay (IGRA) tests, to assess whether interferon-gamma tests are acceptable to patients and more effective than tuberculin skin tests for predicting subsequent development of active TB, or diagnosing or ruling out current active TB. Research proposals have been set in motion for these, but results of these studies are likely to be some years away.

[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100324/text/100324w0024.htm#qn\\_220](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100324/text/100324w0024.htm#qn_220)

#### **4) Baroness Masham of Ilton**

To ask Her Majesty's Government what they are doing to combat drug-resistant tuberculosis in the United Kingdom and overseas.

**The Parliamentary Under-Secretary of State, Department of Health (Baroness Thornton):** My Lords, I congratulate the noble Baroness on the timeliness of her Question as today is World TB Day. In England, our strategy is early detection and completion of treatment, which prevents drug-resistant TB developing. The UK Government made a long-term commitment of £1 billion from 2007 to 2015 to the Global Fund to Fight AIDS, Tuberculosis and Malaria overseas.

**Baroness Masham of Ilton:** My Lords, I thank the Minister for that reply. She will be aware that we are one of the most generous countries in Europe to the global fund. Others should follow us. I congratulate the Government on the national strain-typing service, which is to be opened in May. It will help with all sorts of TB strains. It will be in Newcastle, Birmingham and London. Does she agree that drug-resistant tuberculosis should be treated in negative-pressure isolation rooms? Do we have enough rooms, especially for children?

**Baroness Thornton:** As ever, the noble Baroness points at important matters to do with TB. Since today is World TB Day, I am pleased to announce that DfID has announced two new allocations of funding for TB research. The first is £8 million to the Aeras Global TB Vaccine Foundation to help develop a booster vaccine, and the second is the process that the noble Baroness mentioned for the diagnostics of TB.

We are confident that we have the resources to deal with drug-resistant TB which, I am very pleased to say, is not increasing. However, we know that it is a problem across the world. Some 440,000 people across the world have drug-resistant TB. Our £1 billion and our commitment to international co-operation on this matter are extremely important.

<http://www.publications.parliament.uk/pa/ld200910/ldhansrd/text/100324-0001.htm#10032438000463>

**5) Julie Morgan:** To ask the Secretary of State for Health what steps his Department is taking to assist hard to reach groups, including those from black and minority ethnic communities and people who are homeless, to access medical services for the prevention and treatment of tuberculosis. [323420]

**Gillian Merron:** The Department is funding a United Kingdom charity, TB Alert, to provide awareness raising messages for groups vulnerable to tuberculosis (TB), including black and minority ethnic communities, to increase referrals for TB testing and treatment.

The Department also funds the Find & Treat (F&T) programme in London, to work alongside local TB services. The F&T team are providing support to homeless people in accessing medical services for the prevention and treatment of TB. F&T have provided help to over 400 people with TB to complete their

treatment.

[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100322/text/100322w0027.htm#qn\\_302](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100322/text/100322w0027.htm#qn_302)

**6) Baroness Sharples** To ask Her Majesty's Government why there are not national standards for tuberculosis against which primary care trusts are assessed.

**The Parliamentary Under-Secretary of State, Department of Health (Baroness Thornton):** My Lords, we know that the problem of TB is limited to particular localities these days. In these areas, PCTs are able to set their own targets and standards as part of a local delivery plan agreed with their strategic health authority. In respect of standards of treatment, there are clear recommended guidelines from the National Institute for Clinical Excellence.

**Baroness Sharples:** I thank the noble Baroness for that reply. Could she please tell me what proportion of TB cases come from abroad and what proportion originate in this country? Could she further tell me whether all cases are followed up?

<http://www.publications.parliament.uk/pa/ld200910/ldhansrd/text/100318-0001.htm#10031838000648>

### **DFID questions:**

**1) Dr. Naysmith:** To ask the Secretary of State for International Development what plans his Department has to improve the mechanisms used to measure the progress and effectiveness of the tuberculosis control programmes funded by his Department. [323667]

**Mr. Thomas:** The Department for International Development (DFID) aims to ensure that all organisations supported by UK aid have robust systems to monitor and measure their impact. The Global Fund to Fight AIDS, TB and Malaria (GFATM) reports regularly against targets and continually analyses how their monitoring and reporting systems can be improved. DFID is providing £6 billion to strengthen health systems in developing countries from 2008-15. A significant portion of this funding is being used to develop health information management systems that will assist in measuring the progress and effectiveness of tuberculosis control programmes.

Many tuberculosis control programmes have reported 80 per cent. cure rates using the Directly Observed Therapy, Short-course (DOTS) monitoring system. DOTS is an effective strategy supported by the World Health Organisation and used by many programmes supported by DFID to monitor their success.

[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100325/text/100325w0024.htm#qn\\_179](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100325/text/100325w0024.htm#qn_179)

**2) Baroness Northover:** To ask Her Majesty's Government what assessment they have made of the effectiveness of their contribution to the Global Fund to Fight Aids, Tuberculosis and Malaria; and what steps they are taking to ensure the Fund receives adequate future funding during this year's replenishment process. [HL2937]

**Lord Brett:** In its recent annual report on innovation and impact, the Global Fund Secretariat estimates that fund-supported programmes have saved 4.9 million lives; provided 2.5 million people with antiretroviral treatments for AIDS; provided 6 million people with TB treatments; and distributed 104 million insecticide-treated bed nets. However, the UK Government acknowledge that the fund can and should do more to streamline its operations; work better with partner country systems and other donors; deliver better value for money; and improve its communications.

The UK made a long-term pledge at the Global Fund's 2007 replenishment of £1 billion from 2008 to 2015. The UK will continue to encourage others to honour their pledges and new donors to step up to the table, as well as support new efforts on innovative financing for health systems.

<http://www.publications.parliament.uk/pa/ld200910/ldhansrd/text/100325w0002.htm#10032548000429>

**3) Dr. Naysmith:** To ask the Secretary of State for International Development what steps his Department is taking to seek to ensure adequate levels of funding for research and development of new drugs, diagnostics and vaccines to reduce the number of cases of MDR and XDR tuberculosis in developing countries.  
[323670]

**Mr. Thomas:** The Department for International Development (DFID) is providing £24.5 million, from 2006 to 2013, to the Global Alliance for Tuberculosis Drug Development (TBA). The TBA is a not-for-profit public private partnership developing new tuberculosis drugs that will shorten treatment, be effective against susceptible and resistant strains of tuberculosis and be compatible with antiretroviral therapies for those patients who are co-infected with HIV and tuberculosis.

DFID is also providing £12 million to the Tropical Disease Research special programme at WHO, from 2008 to 2013. The work of this programme has includes accelerating the development of new diagnostics, including tuberculosis, and gaining evidence about how best to combine therapy for HIV and tuberculosis co-infection.

[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100324/text/100324w0009.htm#qn\\_80](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100324/text/100324w0009.htm#qn_80)

**4) Julie Morgan:** To ask the Secretary of State for International Development what steps his Department is taking to ensure the provision of high quality healthcare services to tackle tuberculosis in the next five years.  
[323373]

**Mr. Michael Foster:** The Department for International Development (DFID) combats tuberculosis through our contributions to multilateral organisations such as the World Health Organisation; partnerships like STOP TB and the Global Fund to Fight AIDS, TB and Malaria (GFATM); bilateral programmes; and DFID's support for research.

DFID has pledged £1 billion from 2008 to 2015 to GFATM, which estimates that it has supported the detection and treatment of 5.4 million people with TB. In addition, we have a 20-year commitment of up to €60 million per year by 2010 to UNITAID, which by 2011 is aiming to triple access to rapid tests for multi-drug resistant (MDR) TB and reduce the price MDR-TB medicines by 25 per cent. The UK is also investing £6 billion up to 2015 to improve health systems in developing countries, essential to improving the quality, availability and accessibility of health services, particularly by the most poor and vulnerable, including those with TB.

[http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100322/text/100322w0022.htm#qn\\_243](http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100322/text/100322w0022.htm#qn_243)