



WORLD **DIABETES** FOUNDATION

The Bali Declaration on TB/Diabetes – How Do We Track Progress on Research and Policy?

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Global Burden of DM and TB



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Diabetes Mellitus: 2015

[IDF Diabetes Atlas 2015]

415 M People Affected

7 M New Cases

5.0 M Deaths

79% Cases LIC & MIC

Tuberculosis: 2014

[WHO- Global TB Control 2015]

13.0 M Cases

9.6 M New Cases

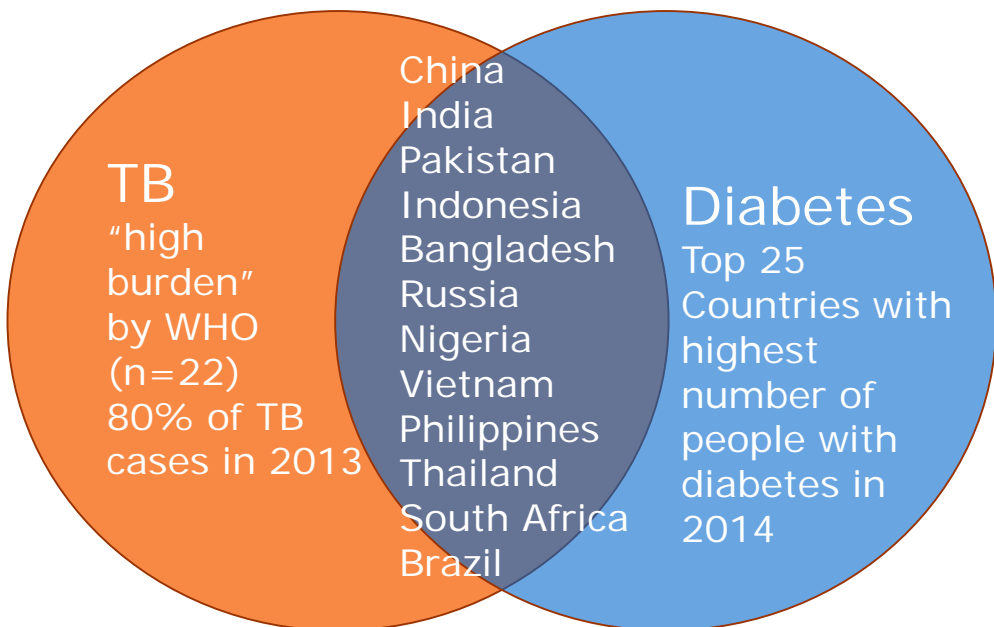
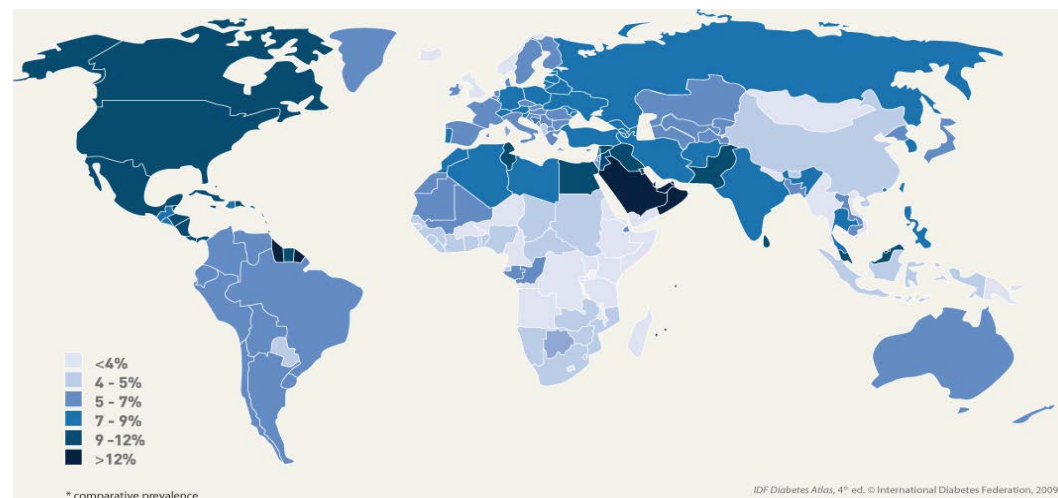
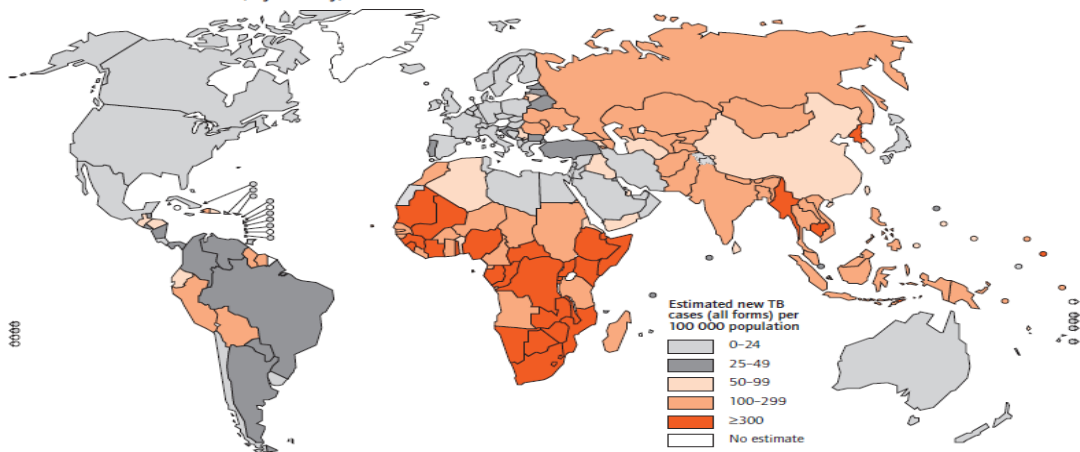
1.5 M Deaths (1.1 M non
HIV)

95% Cases LIC & MIC



Diabetes And Tuberculosis – the converging epidemics

Estimated TB incidence rates, by country, 2008



- DM increases the risk of active TB about 3-fold
- DM increases the risk of adverse TB treatment outcomes
 - Delayed sputum conversion
 - Higher relapse rate
 - Higher death rate
- Drug-drug interactions may complicate treatment

Dateline of Developments .. so far



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Date	Event	Reference
2007-2008	Three sentinel studies published	Stevenson et al Chronic Illn, 2007;
		Stevenson et al BMC Public Health 2007
		Jeon CY, Murray MB. PLoS Medicine 2008
Nov-09	Expert meeting convened by the WHO, the Union and the World Diabetes Foundation	Consultation Meeting on Tuberculosis and Diabetes Mellitus: Meeting summary and recommendations. Int J Tuberc Lung Dis 2010; 14 (12) :1513–1517
	Evidence from new comprehensive systematic review presented and discussed	Bi-directional screening for tuberculosis and diabetes: a systematic review. TMIH 2010 doi:10.1111/j.1365-3156.2010.02632;
	Prioritized Agenda for Research defined	Systematic Review: The impact of diabetes on tuberculosis treatment outcomes. BMC Medicine 2011 doi:10.1186/1741-7015-9-81
May-11	WHO - Union Collaborative Framework for TB and DM approved by WHO GRC	http://www.who.int/diabetes/publications/tb_diabetes2011/en/
2012-2013	WDF support along with WHO-Union collaboration for routine implementation of bi-directional screening in the two largest affected countries (India and China) – India went on to make a policy decision to screen all TB patients for DM	Screening of patients with tuberculosis for diabetes mellitus in India. Trop Med Int Health. 2013 May;18(5):636-45.
		Screening of patients with diabetes mellitus for tuberculosis in India. Trop Med Int Health. 2013 May; 18(5):646-54
		Screening patients with diabetes mellitus for tuberculosis in China Trop Med Int Health. 2012 Oct; 17(10):1302-8.
		Screening of patients with tuberculosis for diabetes mellitus in China. Trop Med Int Health. 2012 Oct; 17(10):1294-301.
Oct-14	A White Paper and Call to Action released at the Union Conference in Barcelona	http://www.theunion.org/what-we-do/publications/technical/the-looming-co-epidemic-of-tb-diabetesThe Looming
Nov-15	Global Summit on the Looming Co-Epidemic of Diabetes and Tuberculosis Bali, Indonesia	Diabetes and tuberculosis co-epidemic: the Bali Declaration Lancet Diabetes Endocrinol. 2016 Jan; 4(1):8-10.

WHO -IUALTD Collaborative Framework Summary Recommendations



Collaborative Framework for Care and Control of Tuberculosis and Diabetes



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



A) Establish mechanisms for collaboration

- Set up means of coordinating DM and TB activities
- Conduct surveillance of TB disease prevalence among persons with DM in medium and high TB burden settings
- Conduct surveillance of DM prevalence in TB patients in all countries
- Conduct monitoring and evaluation of collaborative DM and TB activities

B) Detect and manage TB in DM patients

- Intensify detection of TB among persons with DM
- Ensure TB infection control in health care settings where DM is managed
- Ensure high-quality anti-tuberculosis treatment and management in DM patients

C) Detect and manage DM in TB patients

- Screen TB patients for DM
- Ensure high-quality DM management among TB patients



The report, “The Looming Co-epidemic of TB-Diabetes: A Call to Action” was launched at the 45th Union World Conference on Lung Health in Barcelona, Spain October 28- November 1.

It synthesizes evidence from the medical and scientific literature, promotes an international policy framework for action and lays out a new research agenda to fill knowledge gaps.

THE LOOMING CO-EPIDEMIC OF TB-DIABETES:
A CALL TO ACTION



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www.worlddiabetesfoundation.org



International Union Against
Tuberculosis and Lung Disease
Health assistance for the world

www.theunion.org

The Bali Declaration

STOPPING A LOOMING
CO-EPIDEMIC: A GLOBAL
SUMMIT ON DIABETES
AND TUBERCULOSIS

2–3 NOVEMBER 2015
BALI, INDONESIA



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Tuberculosis and diabetes represent two of the greatest global health challenges of our time, and their convergence globally represents a looming co-epidemic

We HEREBY AGREE TO:

- Take action to support efforts to address the looming TB-diabetes co-epidemic as a public health priority, and accelerate the implementation of the Collaborative Framework for Care and Control of Tuberculosis and Diabetes, including by pursuing supportive policy actions and mobilizing resources
- Advance policies on bidirectional screening in line with the Collaborative Framework,
- Support training and capacity development to enable prevention, early diagnosis, and treatment of both conditions at the primary health care level,
- Support efforts to increase public awareness about both conditions and their interaction, their individual and common risk factors, and actions for prevention,
- Improve access to continuous, uninterrupted treatment for both conditions at affordable costs,
- Support a robust research agenda that fuels both the discovery of new tools to address the TB-diabetes co-epidemic and operational research to improve collaboration and efficacy in existing programs,
- Eliminate the stigma surrounding TB that dissuades people from seeking prevention, treatment and care,
- Advocate on behalf of swift, decisive action against TB-diabetes in relevant state, national and international forums.

The Bali Declaration



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There was agreement that within the next 12 months there should be

A shared international repository for data, ideas, and research publications

A WHO defined indicator to measure progress with respect to bidirectional strategies.

This NIH workshop is very timely and useful to help us build networks, document progress and identify areas for research and collaboration