The Task Force for Global Health: Launching and Leading the PARTNERS TB Control Program

Since its founding in 1984, The Task Force for Global Health (The Task Force) has been committed to the idea that all lives have equal value and everyone should have access to the means for good health. Driven by this commitment, The Task Force uses a collaborative approach to control and eliminate diseases that strike people living in extreme poverty worldwide.

In the early 1990s, a rare form of an ancient disease called multidrug-resistant tuberculosis (MDR-TB) began surfacing in large numbers in poor communities around the world. The drugs and supervision required to treat MDR-TB were expensive and leading public health organizations decided that it was not cost-effective to treat MDR-TB in resource-limited settings. The outlook for poor patients with MDR-TB was dire.

Jim Kim an Paul Farmer, two infectious disease physicians working with Partners in Health in Boston, refused to accept that MDR-TB was a death sentence for poor people. Determined to prove that the disease could be cured even in resource-limited settings, they worked with The Task Force to launch the Partnership Against Resistant Tuberculosis: A Network for Equity and Resource Strengthening. Its mission: to prove the feasibility of treating MDR-TB in resource-limited settings and to drive policy formation for global MDR-TB control.

The Challenge

Tuberculosis (TB) is a bacterial infection that causes severe coughing, chest pain, and wasting. The disease is contagious and can be passed on when an infected person releases TB bacteria into the air through coughing, sneezing, or speaking.

In the 1990s, Kim and Farmer began to see many TB-infected patients with organisms that were resistant to the standard treatment for TB, INH and rifampicin. These drug-resistant TB strains became known as multidrug-resistant tuberculosis, or MDR-TB. Many experts doubted the disease's contagiousness and virulence and questioned whether it was a threat at all.

MDR-TB treatment required a complex regimen of expensive "second-line" medicines and intensive supervision from a health care provider. The World Health Organization (WHO) and other policy makers decided that it would be better to invest in treating the much larger population of people infected with TB that isn't drug resistant. Meanwhile, MDR-TB patients were left to suffer and die.

When the first global study of MDR-TB prevalence came out in 1997, it was evident that the scope of the disease had been grossly underestimated. While there was no clear

strategy for dealing with MDR-TB, promising reports of a small-scale initiative to treat MDR-TB were coming out of Peru. A nonprofit organization called Partners In Health (PIH) had cured several patients using a new, relatively affordable approach called “DOTS-Plus,” after the name for standard TB treatment, DOTS (Directly Observed Treatment—Shortcourse). Patients were given medications tailored to be effective against their MDR-TB strains, and community health workers monitored them to ensure they had sufficient nutrition and took the drugs despite toxic side effects.

WHO and the United States Centers for Disease Control and Prevention (CDC) were deeply concerned by the growing threat of MDR-TB but they were impressed by the success of DOTS-Plus. One problem was that although. MDR-TB needed to be addressed on a global scale, there were not adequate resources available.

The Opportunity

PIH was running out of funding for its work in Peru. The Task Force had a reputation for mobilizing political will and resources to address the greatest health needs of people in developing countries, so PIH asked The Task Force’s leaders for help in raising money to continue their work.

The Task Force believed that with the right leadership, strategy, and resources, PIH’s early work could be leveraged to stem the tide of MDR-TB not just in Peru but globally. Recruiting large-scale partner organizations with international influence would be crucial to changing MDR-TB policies that could ultimately be widely implemented.

The Task Force recommended forming a coalition with WHO, CDC, and the Peruvian government to develop a replicable model for treating MDR-TB in resource-limited countries. It believed that the Bill & Melinda Gates Foundation might be interested in funding the endeavor and worked with PIH to develop an ambitious grant proposal.

In 2000, inspired by their vision and collective expertise, the Gates Foundation awarded The PIH and their partners a five-year grant of US $44.7 million to create the Partnership Against Resistant Tuberculosis: A Network for Equity and Resource Strengthening (PARTNERS). The partners included Peru’s National TB Control Program, CDC, WHO, PIH, and PIH’s sister organization in Peru, Socios en Salud as well as The Task Force.

The Strategy

The PARTNERS TB control project set common goals and agreed-upon strategies for meeting them. Reaching consensus among members on these issues during “the first mile” of the project was critical to PARTNERS’ productivity and sustainability. The Task Force had seen other partnerships fall apart because they failed to develop a shared vision early.

The Task Force also helped to establish an organizational structure for the project, working with members to define roles and a system for managing the partnership. The Task Force convened regular meetings and phone calls to keep partners on track and motivated. Through careful coordination and member engagement, it helped keep the coalition together from start to finish.

Over the course of the five-year project, the PARTNERS project elevated MDR-TB as a critical global health issue and demonstrated that it was feasible to treat and control MDR-TB in resource-limited settings. They accomplished this goal in a variety of ways:

Influencing global policy change: Through PARTNERS, WHO published the world's first MDR-TB management guidelines in 2001. At the project's conclusion, WHO revised its guidelines to recommend the integration of MDR-TB control programs within all TB programs worldwide.

Scaling up and institutionalizing MDR-TB control in Peru: PARTNERS strengthened and expanded Peru's MDR-TB control program. By 2005, MDR-TB patients countrywide were receiving treatment and most of them remained healthy several years after therapy.

Reducing the cost of MDR-TB drugs: PARTNERS formed the Green Light Committee (GLC) at WHO to introduce a pooled-procurement system for purchasing MDR-TB drugs from suppliers. The GLC negotiated discounts of up to 90%, dramatically lowering the cost of drugs on the open market in low-income countries when obtained through a GLC-approved program.

Creating a replicable model for treating MDR-TB patients: Using Peru's DOTS-Plus program as a model, PARTNERS helped five countries establish DOTS-Plus projects. By 2015, more than 100 DOTS-Plus programs around the world were providing individualized treatment and saving lives.

Building the knowledge base for MDR-TB: PARTNERS developed and executed a research agenda to explore how best to prevent, treat, and diagnose the disease. Its findings erased any doubt about the global threat MDR-TB posed and the feasibility of controlling it.

The Impact

Through PARTNERS, The Task Force proved that it was feasible and affordable to treat MDR-TB in resource-poor countries. The Task Force's leadership and advocacy brought MDR-TB to the attention of global health leaders and donors, and motivated them to take action.

When the project ended, the partners documented the initiative so that other organizations could learn from its strategies, challenges, and successes. The culmination of this effort was the 2015 publication of The PARTNERS Report on MDR-TB Treatment. The report captures the steps PARTNERS took and the results it achieved, as well as the personal stories of several patients in Peru. It also offers recommendations for immediate and long-term action to combat MDR-TB.

The Future

Through their unrelenting determination and commitment, the partners proved to the world that it is possible to treat MDR-TB in the world's most impoverished communities. They marshaled urgent investment and action for MDR-TB control, saving countless lives and paving the way for future advances in diagnosis, prevention, and treatment.

Individually, each PARTNERS member brought unique strengths and experience to the MDR-TB problem. But through the PARTNERS coalition, members leveraged their resources, expertise, and commitment to change policy for providing poor people with access to treatment for MDR-TB.

Since PARTNERS concluded in 2007, The Task Force has continued to build partnerships that are vital to solving global health problems. Through this ongoing work, The Task Force hopes to inspire more organizations to join in the fight to provide all people with access to the means for good health.