



Toward a National Framework for Elimination of TB Among Canadian Inuit

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Canadian Inuit

- There are close to 60,000 Canadian Inuit
- 53 communities across Inuit Nunangat
- Inuit Nunangat encompasses 35% of Canada's landmass and 50 % of its coastline
- Roughly 60 % of Inuit report an ability to conduct a conversation in Inuktut (the Inuit language)
- Inuit harvest country foods such as seal, narwhal and caribou to feed their families and communities

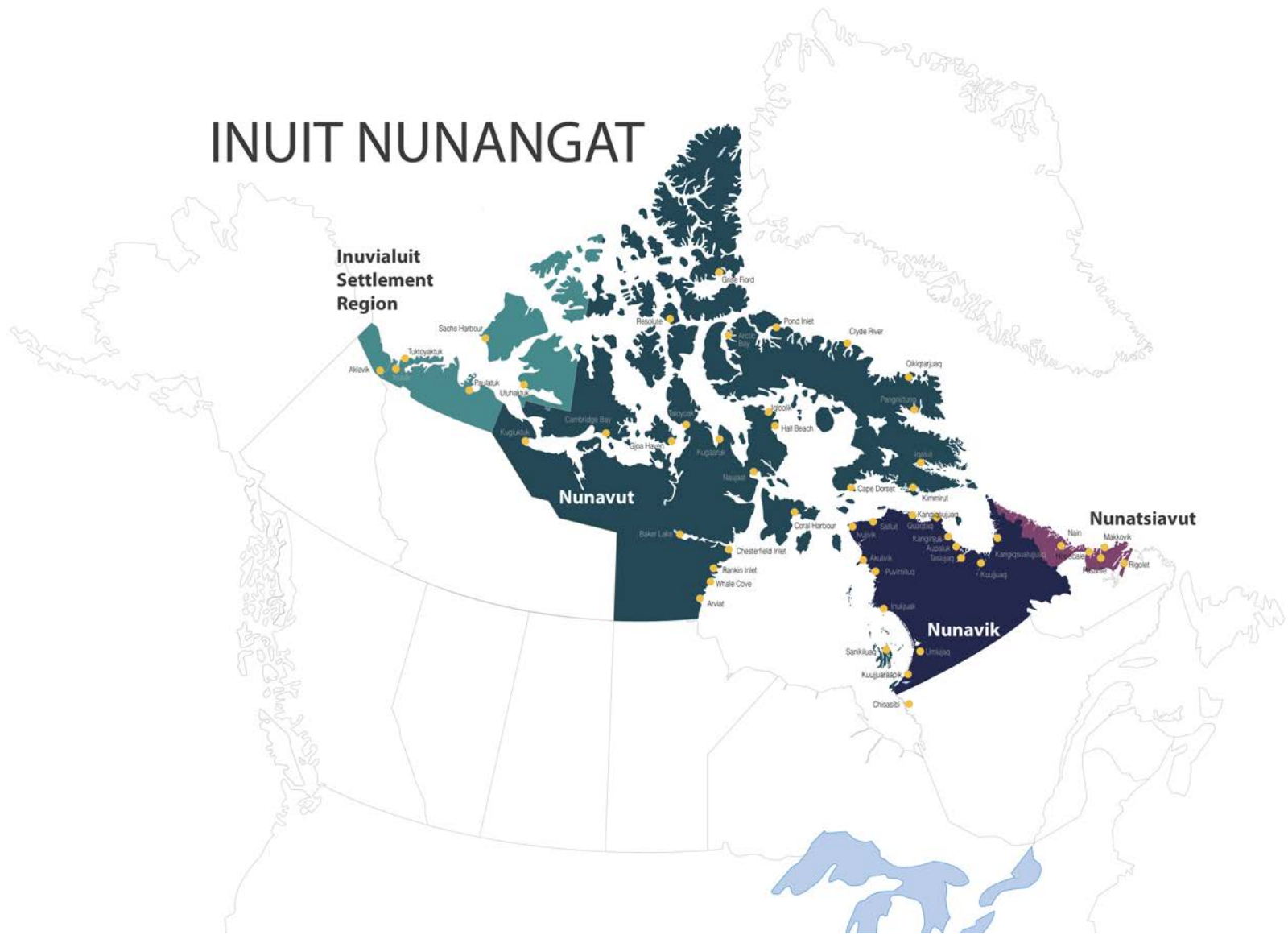


Canadian Inuit

- Four distinct Inuit rights holding land claim organizations (Regions)
- Inuit Regions:
 - Inuvialuit Settlement Region (Northwest Territories)
 - Nunavut
 - Nunavik (Northern Quebec)
 - Nunatsiavut (Northern Labrador)



INUIT NUNANGAT



Inuit Tapiriit Kanatami (ITK)

- National representative Inuit organization
- Originated in 1971 as Inuit Tapirisat of Canada
- Leverages Inuit perspectives within Canada through its Board of Directors and specialized committees
- Department of Health and Social Development coordinates the National Inuit Committee on Health (NICoH) and many other health sub-committees to meet the priorities of Inuit in Canada



Inuit TB Elimination Task Force

- Sub-committee of NlCoH, est. October 2017
- Short-term task force to provide Inuit-specific perspectives to guide development of a national action framework for Inuit TB elimination that will include target date and benchmarks for TB elimination across Inuit Nunangat
- Includes Inuit organizations, key partners, stakeholders, and Canadian TB experts



Inuit TB Elimination Task Force - Membership

- Chief Medical Officers of Health (or equivalents/designates) from Government of NWT, Government of NU, Government of Quebec, and Government of Nfld & Labrador
- Deputy Chief Medical Officer of Health for PHAC
- Executive Director for Population Health & Regional Health Executives for FNIHB (Northern, Atlantic, Quebec regions)
- Four Inuit community representatives
- Three experts in TB programming, health equity programming and research (Anne Fanning, Janet Hatcher Roberts, Gonzalo Alvarez)



Inuit TB Elimination Task Force - Functionality

- Monthly teleconferences informed by bi-weekly communiqués from Inuit TB Committee*
- Work groups to examine issues in more depth or provide input on draft documents, etc
- Work groups led by Task Force members, can include other individuals/organizations with relevant expertise



Inuit TB Committee

- Sub-committee of NlCoH, est. October 2017
- Short-term committee to provide Inuit-specific perspectives/recommendations to support the Task Force and guide development of the national framework
- Ensures adequate opportunity to provide input, seek clarification and collectively consider perspectives and recommendations put forward on behalf of Inuit



Inuit TB Committee - Membership

- One representative each, appointed by land claimant regions:
 - Inuvialuit Regional Corporation
 - Nunavut Tunngavik Inc.
 - Nunavik Regional Board of Health & Social Services
 - Nunatsiavut Department of Health and Social Development
- One representative from ITK
- Pauktuutit Inuit Women of Canada participates as an observer
- Members are also members of the Task Force



Inuit TB Committee - Functionality

- Bi-weekly teleconferences (before and after Task Force teleconferences)



What Does 'Elimination' Mean?

- **Control:** reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as a result of deliberate efforts; continued intervention measures required to maintain the reduction. Example: diarrhoeal diseases
- **Elimination:** Reduction to zero of the incidence of a specified disease in a defined geographical area as a result of deliberate efforts; continued intervention measures required
- **Eradication:** Permanent reduction to zero of worldwide incidence of infection caused by a specific agent as a result of deliberate efforts; intervention measures no longer needed (e.g. smallpox)

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



The End TB Strategy

- 20-year strategy (2015 to 2035)
- Approved by World Health Assembly in 2014
- Goal: to end the global TB epidemic
- Vision: a world with zero deaths, disease and suffering due to TB

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



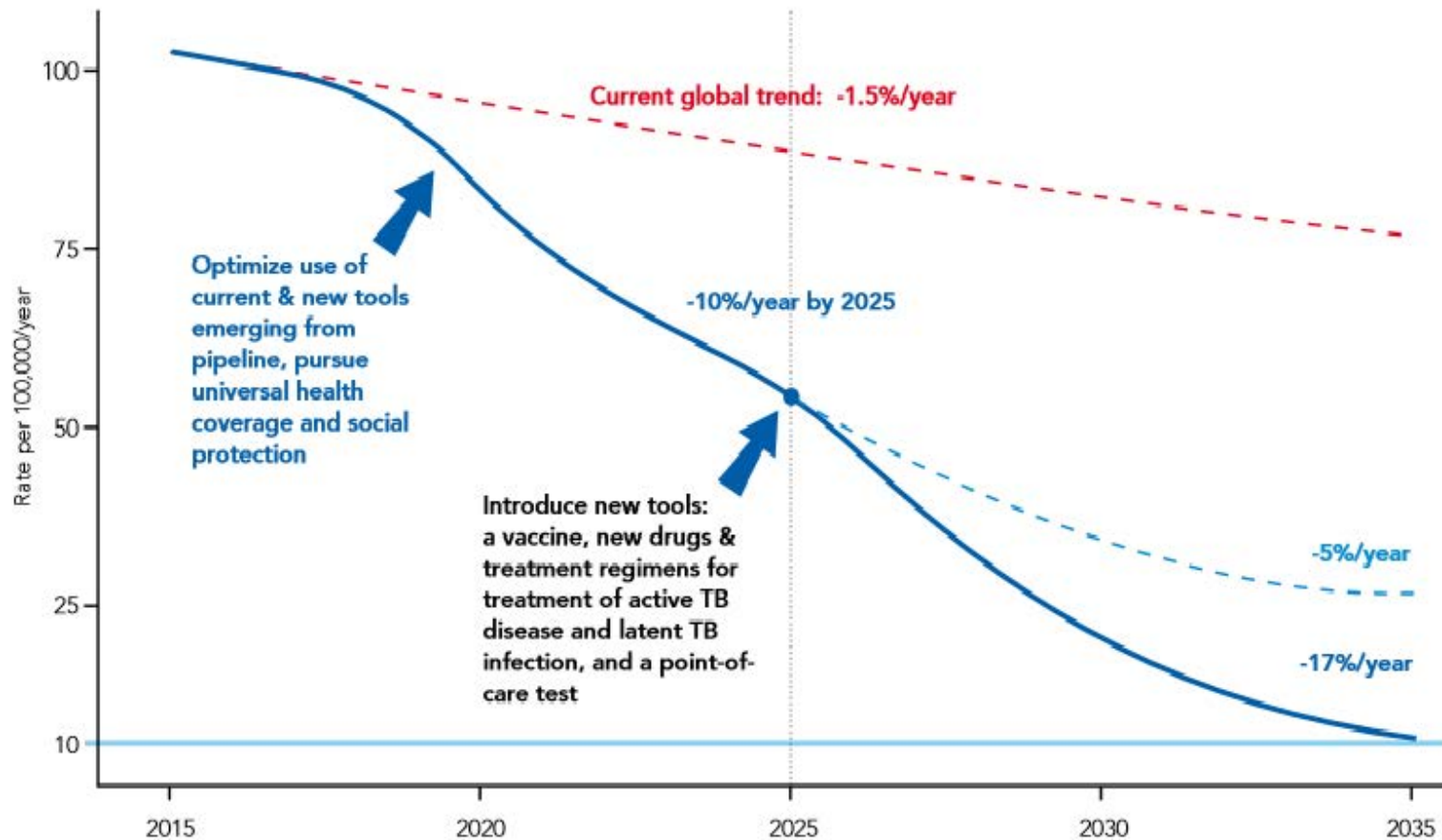
What Does 'TB Elimination' Look Like?

- Current burden (2012) in 'low incidence countries' is < 100 cases per million people
- Pre-elimination target for low incidence countries is < 10 cases per million by 2035
- Reduction of TB cases from current burden to less than 1 case per million people by 2050

Source: http://www.who.int/tb/publications/elimination_framework/en/



Desired decline in global TB incidence rates to reach the 2035 targets



Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



The End TB Strategy - Principles

1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



The End TB Strategy – Pillars and Components

- 1. Integrated, patient-centred care and prevention** (diagnosis, treatment, screening, prevention – LTBI treatment, TB vaccination)
- 2. Bold policies and supportive systems** (political commitment, adequate resourcing, engagement, universal coverage, regulatory & practice frameworks)
- 3. Intensified research and innovation** (discover, develop, implement, optimize, and promote new tools, interventions, strategies)

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



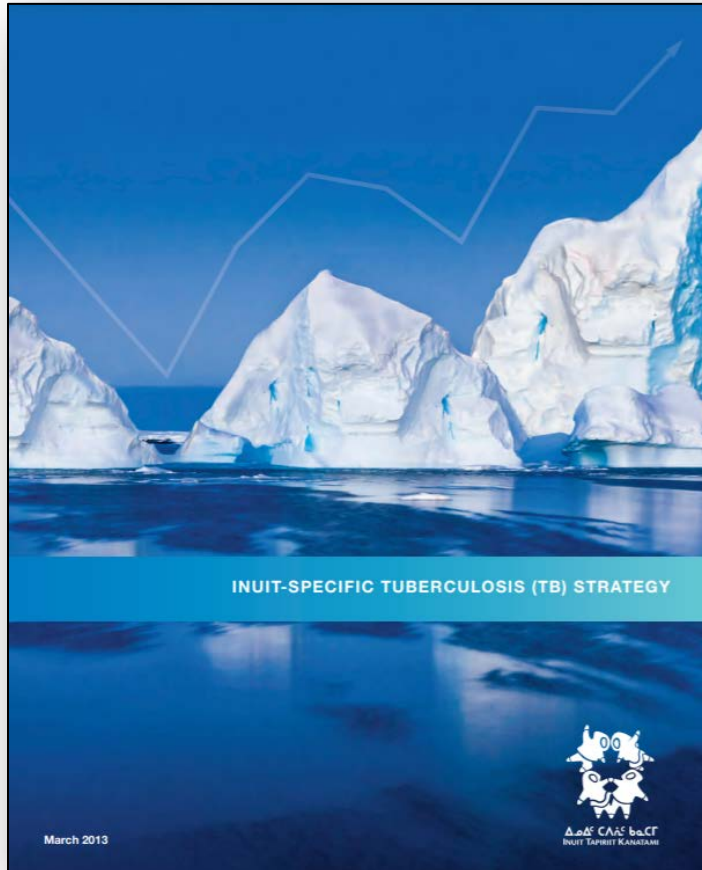
The End TB Strategy - Indicators

	TARGETS			
	MILESTONES		SDG*	END TB
	2020	2025	2030	2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20%	50%	80%	90%
TB-affected families facing catastrophic costs due to TB (%)	0%	0%	0%	0%

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



Inuit-specific Tuberculosis (TB) Strategy (2013)

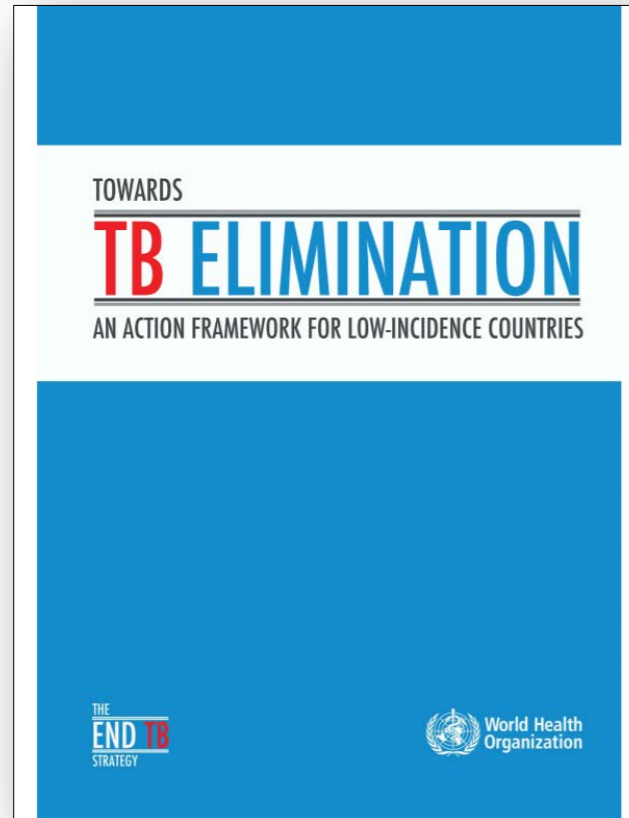


“...to explain why holistic, **Inuit-specific** approaches to **TB** prevention, control, and care are needed...to provide a framework and process for stakeholders and partners to develop a concrete and detailed **Inuit-specific TB** Action Plan.”

Source: <https://itk.ca/wp-content/uploads/2013/03/20130503-EN-FINAL-Inuit-TB-Strategy.pdf>



World Health Organization (2014)

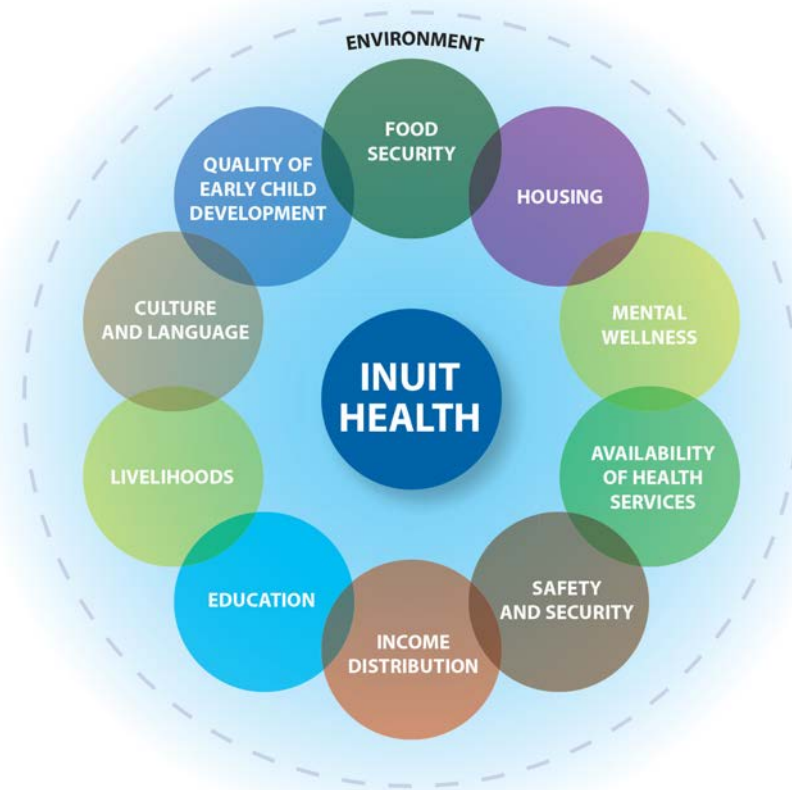


Source: http://apps.who.int/iris/bitstream/10665/132231/1/9789241507707_eng.pdf?ua=1



Considerations re: Aligning with the End TB Strategy – Adopt or Adapt?

1. Social determinants of Inuit health



Considerations Continued...

2. Themes from Inuit TB Elimination Meeting, October, 2017

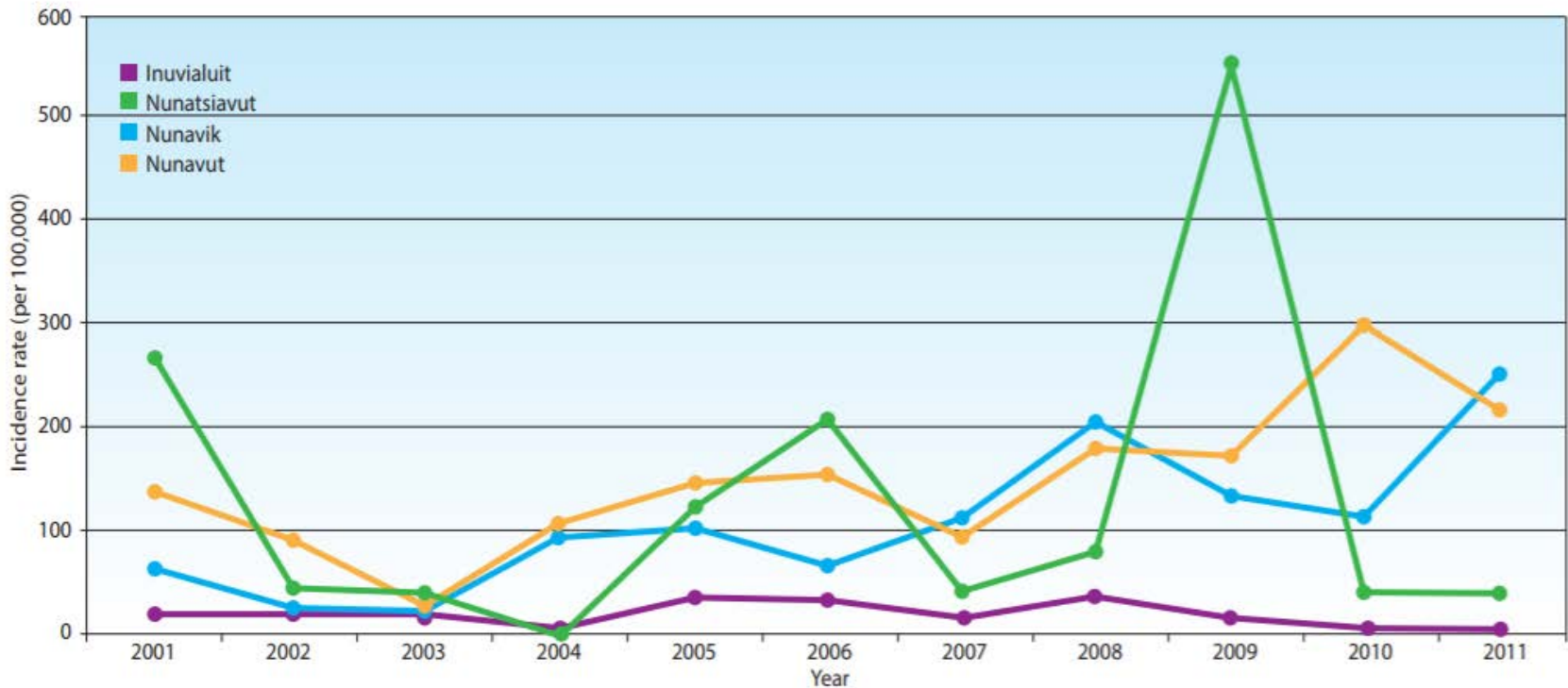
Health human resourcing & interest/support for enhancing local community capacity	Database needs (e.g. access to Inuit-specific data)
Health human resource & interest/support for enhancing local community capacity	Database needs (e.g. access to Inuit-specific data)
Training and education for providers	Professional regulation limitations
Surge capacity	Program indicators
Practice guidelines	Case management
Access	Social protection and holistic care
Community engagement and mobilization, especially among youth	Community education and communication to enhance awareness/ knowledge to minimize diagnosis delays



Considerations Continued...

3. Regional variation

Figure 2: Incidence rates of TB disease among Inuit regions, 2001-2011



Source: <https://itk.ca/wp-content/uploads/2013/03/20130503-EN-FINAL-Inuit-TB-Strategy.pdf>



Development of Regional Action Plans



Source: http://apps.who.int/iris/bitstream/10665/153811/1/9789241507974_eng.pdf?ua=1&ua=1



What is a National (Regional) Action Plan?

“...a clear framework that specifies the appropriate strategic interventions to reach TB prevention, care and control objectives and targets...activities and sub-activities inherent to each intervention are clearly specified, highlighting clear target(s) for each intervention and identifying where and when each activity or sub-activity should be implemented and who will implement it... specifications of technical assistance needed...clear description of how the implementation of interventions and activities will be monitored and how their output, outcomes and impact will be measured and evaluated...and...a detailed budget to implement interventions and activities.”

Source: http://apps.who.int/iris/bitstream/10665/153811/1/9789241507974_eng.pdf?ua=1&ua=1



Components of a Regional Action Plan:

1. Core Plan

- Analysis of TB burden & TB situation (challenges/gaps)
- Goals & objectives
- Strategic interventions, related activities & sub-activities

2. Operational Plan

- Relevant and detailed info on implementation of activities & sub-activities

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



Components of a Regional Action Plan:

3. Monitoring & evaluation plan

- Indicators to be assessed for goals, operational objectives, strategic interventions, etc

4. Technical assistance plan

- Interventions & activities that require technical assistance (expertise)
- Detailed information on how tech assist will be carried out

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



Components of a Regional Action Plan:

5. Detailed budget plan

- Costs for each intervention, activity and sub-activity

6. Emergency preparedness plan

- Usually refers to areas with fragile security situations or that are prone to natural disasters
- Outbreaks?

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



Next Steps

1. Adopt/adapt the Global Strategy Principles
2. Adopt/adapt the Global Strategy Priority Action Areas
3. Develop “Action Framework” document that includes high-level descriptions of Regional Action Plans (RAPs)
4. Create RAPs
5. Implement, monitor and evaluate RAPs
6. Eliminate TB

Source: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm>



Thank you!

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