Role Profile
The Union - ERS Joint Public Health Fellowship in Respiratory Diseases

Background
Tuberculosis (TB) is a major public health problem and a leading infectious disease, causing deaths worldwide. The Global TB Report 2017 highlighted over 10 million estimated incident cases and 1.3 million deaths in 2016. An estimated 2.8 million incident TB cases and 0.48 million TB related deaths occur in India annually. The Revised National TB Control Programme (RNTCP) of India diagnoses and treats over 1.5 million TB cases annually. However, over 1 million TB cases are still ‘missed’ annually. There are several challenges in controlling TB in India, which include:

- Delayed diagnosis and treatment initiation and inadequate treatment adherence due to lack of knowledge and linkages to appropriate care and support;
- The high diversity of the private sector, ranging from unqualified healthcare providers to highly specialised corporate hospitals, often not adhering to the standards of TB care;
- The rapid emergence of drug resistant TB, and associated poor treatment outcomes, which threatens the progress made by the programme to date;
- Risk factors and co-morbidities like HIV, diabetes, malnutrition, tobacco use and indoor air pollution which are enhancing TB incidence and compromising treatment outcomes; and
- Inadequate strategies, including lack of socio-economic support for vulnerable and marginalised groups including slum dwellers, tribal populations, people living below poverty line (BPL), migrants, children, women etc.

The Government of India has formulated the National Strategic plan 2017-2025 with an aim to eliminate TB by 2025. The elimination strategy is based on four strategic pillars of “Detect – Treat – Prevent – Build” (DTPB). Implementing this strategy requires active support and participation from a wide range of stakeholders to ensure that the efforts made by the Government reach the populations most in need of these services.

Project Description:
Project Axshya, a unique civil society initiative, is implemented in India by The Union South East Asia Office supported by The Global Fund. The project is being implemented in 128 districts across 14 states to support the RNTCP with increasing the visibility and accessibility of the TB programme services, with special focus on marginalised and vulnerable communities who are at most at risk of developing TB.

The project’s key objective focuses on early case detection through active case finding (ACF) among high risk population groups. The key interventions implemented include:

- Door-to-door screening of high risk population groups for TB;
- Health camps in congregate settings like prisons, shelter homes etc;
• Fast tracking of presumptive TB patients in high case load health facilities; and
• Active surveillance through village level volunteers in identified villages.

These strategies are in line with WHO’S End TB Strategy and contribute towards ending TB in India. Annex 1 provides the Project Axshya’s overall conceptual framework.

Terms of reference
The ERS/Union fellow will observe the ACF interventions in three districts, understand the objectives, document key observations, identify gaps and propose ways to increase the efficiency and effectiveness of the strategies. The proposed improvements will be discussed with the programme management unit (PMU) and relevant steps will be taken. For this purpose, the fellow will undertake travel as and when required in coordination with the PMU and submit travel reports in the prescribed format.

The fellow will design and implement an operational research study to document the epidemiological impact of the interventions (as a package) on the overall TB control in the three districts he/she will work. This will be done in coordination with the research team. The fellow will be responsible to seek ethics approval for the study, conduct data collection as well as data entry, cleaning and analysis - using appropriate statistical tools - and publish in peer-reviewed scientific journal. Adequate supervision will be provided to maintain scientific rigour and overall implementation of the study.

Key Deliverables
The successful applicant is expected to deliver on the following outcomes during the fellowship:

• Submit learning experience reports on a quarterly basis to the Union as well as reports (mid-term & final) to ERS as per requirements;
• Journal the key observations, identified gaps, proposed approaches and improvements and follow up the outcomes;
• Publish findings from the operational research study in an international peer-reviewed journal (no later than 15 months after the end of the fellowship) acknowledging support by the Union and ERS; and
• Submit the learning experience and the study findings to be presented at The Union World Lung Health Conference and the ERS Internal Congress (e.g. abstract submission)

Travel requirements:
The there will be an estimated max. of around 4 days travel in a month by the fellow to visit the project districts. The fellow will be initially accompanied by the Technical Advisor at the PMU.

Coordination: The fellow will coordinate with the PMU for technical and logistical support.
Requirements

- MD/PhD/MPH/ MSc related to the field with a minimum of 1-2 years of working experience in public health and respiratory infections/diseases.
- At least one peer-reviewed publication on respiratory infections and public health.
- Must have current membership of ERS.
- Experience of monitoring and evaluation of a public health project and conducting/participating in operational research is desirable.
- Excellent command of English, both spoken and written.
- Excellent computer skills: MS office and Epi-Info/EpiData
- Proficiency in using statistical tools like STATA or SPSS and experience in mathematical modelling is desirable.
- Willingness and ability to travel to project sites.

Duty station
The Union South East Asia office, New Delhi, India

Duration
12 months, full time (100%)
OVERALL PROJECT AXSHYA CONCEPTUAL FRAMEWORK

Leadership & Governance
- Coordination between SR partners, SOP, Guidelines & policy formulations

Interaction with context
- National guidelines (NSP), International (End TB strategy, SDG 3)

Organization of resources
- Technical Assistance
- Incentives to CVs
- Treatment Adherence support
- Incentives to patients for reimbursing transportation/diagnostic costs

Interaction with the population
- Key affected population (KAP), promote community participation and accountability

Organization of services – Activities
- Mapping and Identification of KAP
- Using RNTCP Data
- Using Non RNTCP Data
- Health need assessment
- Linkages with CXR and CBNAAT
- Community & Institutional Screening
- Active Case Finding
- Active surveillance: AXSHYA village
- Sputum collection and transportation
- Communication strategy to reach KAP
- Awareness on basic information of TB
- Sensitisation of local self governments

Outcome
- TB Notification from the KAP
- Treatment success among the notified cases

Impact
Decline in TB incidence and mortality

Union-ERS Fellow

1 http://www.who.int/tb/publications/global_report/Exec_Summary_13Nov2017.pdf?ua=1