



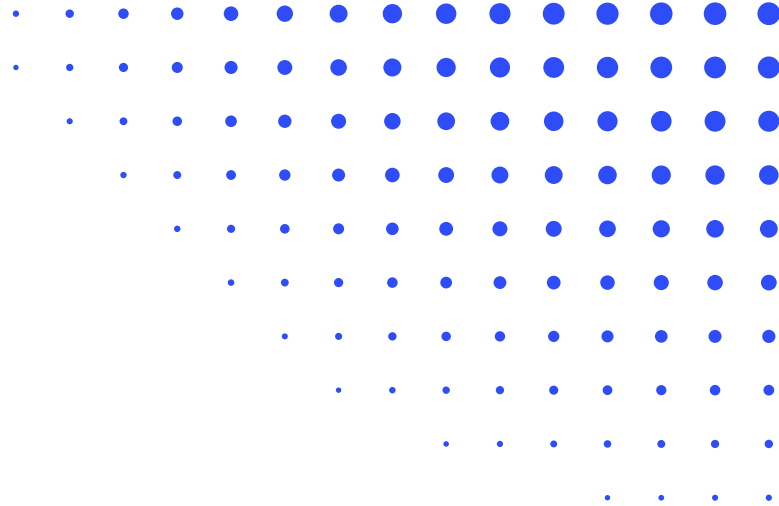
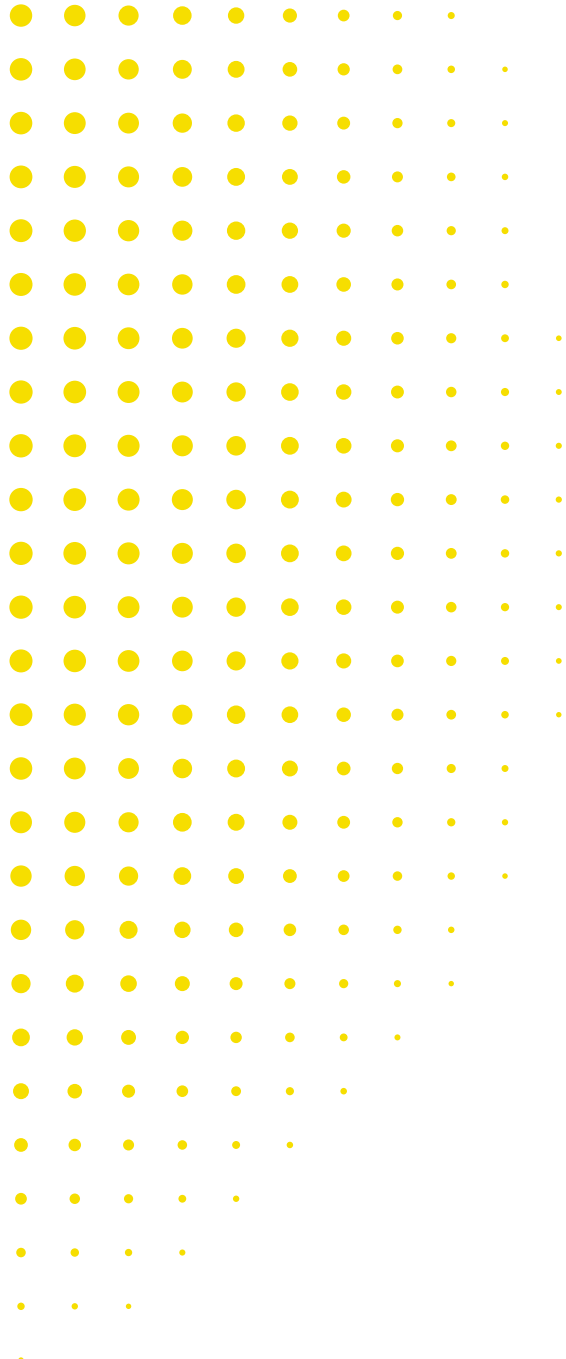
The Global Fund/Andrew Esiebo/Panos

The TB Quarterly Update

Innovative Approaches to Finding and Treating Missing People with TB

JANUARY 2022





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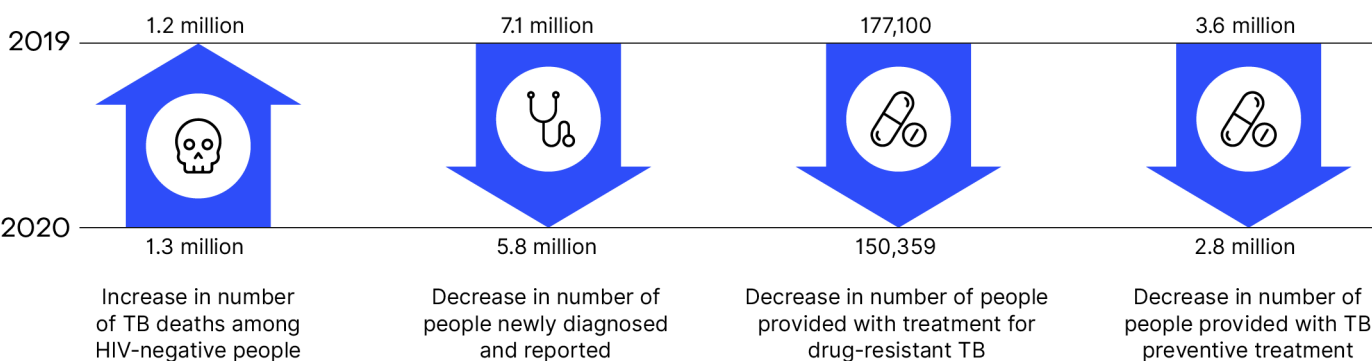
1. What's New

World TB Report Highlights

According to WHO's Global Tuberculosis Report (2021), progress against Global END TB targets was slowed due to COVID-19. Notably, there was a significant reduction in the number of people newly diagnosed with TB and reported (see Figure 1), with

a widening gap in missing people with TB (from 2.9 million in 2019 to 4.1 million in 2020) and a rise in TB deaths. The global TB treatment targets set at the UN high-level meeting (UNHLM) have also been negatively impacted by the pandemic.

Figure 1: Global TB Progress During COVID-19
Source: World Health Organization. Global Tuberculosis Report 2021.



However, some successes have been registered. Six high TB burden countries (Kenya, Mozambique, Myanmar, Sierra Leone, the United Republic of Tanzania and Viet Nam) have achieved the End TB Strategy milestone for a 35% reduction in the number of deaths by 2020 (see Table 1). The WHO European

Region nearly reached the target, reducing TB deaths by 26%. Furthermore, the WHO Africa Region came close to the End TB Strategy 2020 milestone of a 20% reduction in the TB incidence rate between 2015 and 2020, with a reduction of 19%.

Table 1: End TB Strategy Milestones

Source: World Health Organization. Global Tuberculosis Report 2021.

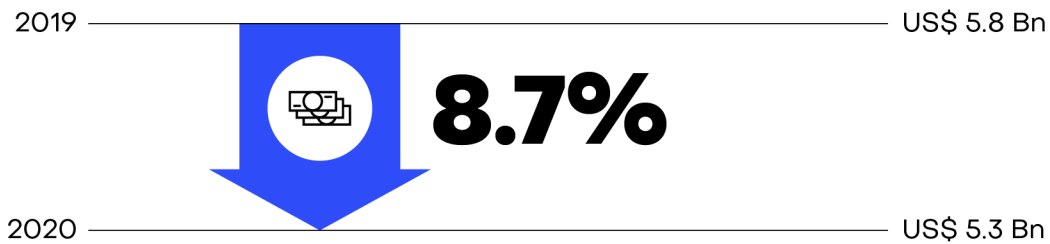
| End TB Strategy | Target (2015-2020) | High burden countries that met target | Global Achievement (2015-2020) |
|---------------------------|--------------------|---|--------------------------------|
| TB Incidence | 20% reduction | Cambodia, Ethiopia, Kenya, Myanmar, Namibia, South Africa, Tanzania, Zimbabwe | 11% reduction |
| TB Mortality | 35% reduction | Kenya, Mozambique, Myanmar, Sierra Leone, Tanzania, Viet Nam | 9.2% reduction |
| Catastrophic costs | 0% | | 47% face catastrophic costs |

With global spending on TB reduced in 2020 (see Figure 2), further investments are urgently needed not only to return TB case detection and treatment to their previous levels, but also to exceed these levels and

to put the world on track to end TB. This includes the immediate priority to recover to at least 2019 levels by restoring access to essential TB services.

Figure 2: Decline in Spending for Essential TB Services

Source: World Health Organization. Global Tuberculosis Report 2021.



There was an 8.7% decline in spending between 2019 and 2020 (from US\$ 5.8 billion to US\$ 5.3 billion).

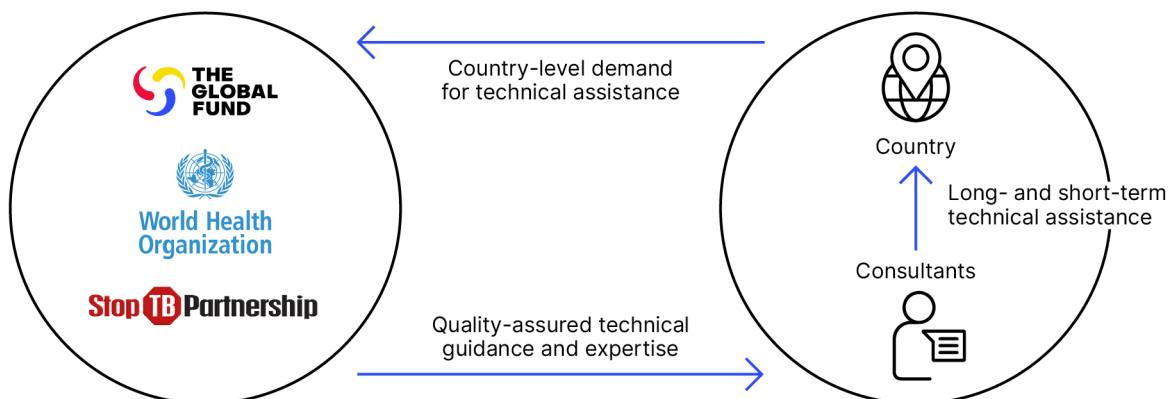
Training of Consultants

The WHO Global TB Programme, in collaboration with the Global Fund, Stop TB Partnership, and others, organized a virtual orientation for consultants in the Global Fund technical support pool and other participants, from 14 September to 4 November 2021. It was part of the TB Strategic Initiative’s global level support and overall quality assurance. The trainings occurred in ten sessions and topics covered the latest WHO and partner TB-related tools, approaches and guidelines. The content included updates on

new guidelines and tools for screening, prevention, diagnosis and treatment, as well as public-private mix (PPM). There was also a review of current evidence on community engagement, human rights and gender. Furthermore, the orientation explored the impact of COVID-19 on TB programming, program quality and efficiency (PQE) and other innovative approaches for finding missing people with TB. As a result of the training, consultants in the Global Fund technical support pool will be well equipped to deliver country-level technical assistance (see Figure 3).

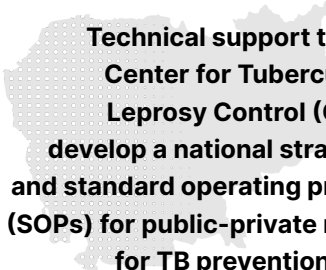
Figure 3: TB SI Implementation

Source: The Global Fund



Country-level Technical Assistance


1. CAMBODIA



Technical support to National Center for Tuberculosis and Leprosy Control (CENAT) to develop a national strategic plan and standard operating procedures (SOPs) for public-private mix (PPM) for TB prevention and care.

The National Center for Tuberculosis and Leprosy Control (CENAT) in Cambodia has been making strides to both mitigate the impact of COVID-19 on the TB program and introduce innovative approaches to reach missing people with TB, thereby sustaining momentum to end TB by 2030. As part of this effort, CENAT has committed to revitalizing public-private mix (PPM) in the country. Consequently, technical support will be aimed at developing the comprehensive National Strategic Plan including PPM for TB prevention and care, along with standard operating procedures (SOPs) to guide implementation.

2. PHILIPPINES



Technical support to revise TB policy on jails and prisons.

In 2015, the Philippines' Department of Health (DOH) issued revised technical guidelines for implementing Directly Observed Treatment, Short Course (DOTS) strategies in jails and prisons. In 2020, the National Tuberculosis Program (NTP) issued the latest revision in the NTP Manual of Procedures and the updated strategic plan, PhilSTEP1 2020-2023. With these changes, and to guide the continuing TB elimination efforts, the NTP aims to review the current policy on jails and prisons. The review will be used to guide the subsequent revision of a number of policy documents, including the updated PhilSTEP1 2020-2023, the NTP Manual of Procedures and the assessment of TB in Jails and Prisons Strategy.


3. SOUTH AFRICA



Utilization of digital chest X-Ray.

To find the 150,000 missing people with TB who remain undiagnosed each year in South Africa, TB detection must be improved. Following the WHO recommendation to use X-Ray for TB screening, the National Department of Health (NDoH) with the support of the Global Fund is implementing TB screening using Digital X-Ray with AI in 9 districts. Technical assistance is being delivered to the country to assess the current use of Digital X-Ray for TB screening and develop recommendations for their efficient use. In addition, the TA will assist the country to develop a scale plan for Digital X-Ray screening for the entire country.

4. BURKINA FASO

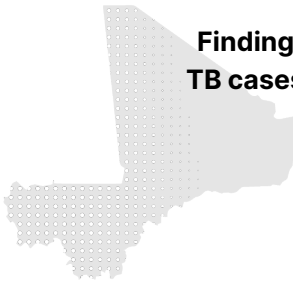


Technical assistance to strengthen interventions against TB in insecurity prone areas and active TB case finding in mining sites.

Burkina Faso's heightened security context since the end of 2015 has put considerable strain on the functioning of the health system, especially in the six most affected regions: Sahel, Center North, North, East, Boucle du Mouhoun and Center East. All health regions are affected to varying degrees by mining activities. To ensure the continued provision of TB diagnosis and treatment, the National Tuberculosis Program (NTP) has requested support to develop and implement TB control interventions in insecurity-prone (*ZADS – zones à deficit securitaire*) and mining areas.

5. MALI

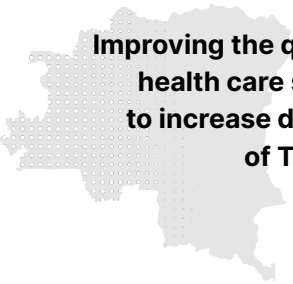
Finding missing TB cases in Mali.



Access to TB diagnosis is limited in Mali. The country faces inadequate coverage of health care facilities, with one treatment center per 240,627 inhabitants; low GeneXpert test coverage; and a poorly functioning system for transporting samples. Consequently, the issue of missing people with TB is a major challenge for the Sectoral AIDS Control Unit-TBH (CSLS-TBH). To close a significant gap in the detection and notification of TB cases in the country and improve the care provided at all health service entry points (FOSA), the quality approach will be implemented. Special focus will be placed on vulnerable populations e.g., people living with HIV, contacts of people with TB, prisoners, children under 15 years of age, contacts of people with drug-resistant TB, people with diabetes, displaced persons, diabetes etc. Specifically, the country has requested support to conduct a situation analysis, develop and validate the national strategy for accelerated TB detection and develop training modules and training materials on the program quality approaches.

6. CONGO

Improving the quality of health care services to increase detection of TB cases.



Congo is ranked among the 30 countries in the world with a high TB burden and missing people with TB remains a major challenge for the National TB Program (NTP). To fill the significant gap in the detection and reporting of TB cases in the country, as articulated in its TB National Strategic Plan 2020-2022, there will be technical support provided to the NTP to intensify active case finding for missing people with TB. Particular attention will be paid to at risk/vulnerable populations (e.g., contacts of people with TB/bacteriologically confirmed cases, people living with HIV, prisoners, refugees, people with diabetes and miners) using the quality approach.



The Global Fund/Yousuf, Tushar/Panos

A community health worker provides treatment to a person with TB in Kutupalong Refugee Camp, Bangladesh.



The Global Fund/John Rae

Inmates at Trujillo prison in Honduras receive in-facility tuberculosis treatment and support as part of efforts to stop the spread of TB among prisoners, who are at greater risk of developing the disease.

2. Other Updates

COVID-19 Response Mechanism

With the COVID-19 pandemic severely impacting HIV, TB and malaria programs, the Global Fund has scaled-up support to countries through its [COVID-19 Response Mechanism \(C19RM\)](#). Launched in April 2020, the C19RM has delivered more than US\$4 billion to countries to mitigate the impact of the pandemic on the three diseases and to meet urgent COVID-19 response needs. This includes the procurement of commodities such as personal protective equipment (PPE), oxygen products and diagnostic tests. The funds can also be used to initiate longer-term improvements in public health infrastructure, with an emphasis on community-led responses. The C19RM approach is country-led, inclusive and demand-driven, with funds delivered to more than 100 low- and middle-income countries.

Testing for both Tuberculosis and SARS-CoV-2

Many countries around the world have experienced diagnostic challenges for both TB and COVID-19 due to the COVID-19 pandemic. These challenges include interruptions to TB testing activities and lower than expected COVID-19 testing rates. In order to support countries with both TB and SARS-CoV-2 screening, the Global Fund developed a [Briefing Note: Testing for both Tuberculosis and SARS-CoV-2](#). The note reviews indications and methods for testing individuals for both diseases and can be used by health workers to enhance service delivery integration and more effectively utilize limited resources.

STOP TB Partnership Supports Challenge Facility for Civil Society Round 10 Grantees

In September 2021, the [Stop TB Partnership \(STBP\)](#) announced its Round 10 recipients of the [Challenge Facility for Civil Society \(CFCS\)](#). The grants, funded with support from the United States Agency for International

Development (USAID) and the Global Fund, will support 77 organizations from 27 countries and seven regions to implement community-led, rights based and gender transformative TB responses. Grants range from US\$20,000 to US\$150,000, with US\$7.5 million available. A number of innovative community, rights and gender (CRG) interventions will be supported, including those that prioritize the engagement and leadership of people affected by TB in the TB response. In addition, there will be help for those that enhance social accountability to achieve the UN TB targets and commitments by 2022, support efforts to organize a UN high-level meeting (UNHLM) on TB in 2023 for ongoing accountability and support community-led COVID-19 recovery efforts of national TB programs.

Mapping the Technology Landscape of National TB Programs in 13 Countries

Digital health technologies offer the potential to drive advancements in the prevention, detection, treatment and management of TB. The COVID-19 pandemic has further highlighted the need for countries to strengthen their digital health ecosystems. According to a [recent report on the Technology Landscape of National TB Programs in 13 countries](#) produced by the Global Fund, Microsoft Research and the Stop TB Partnership, despite the strides that have been made to digitize TB case management, significant gaps remain. The report examines the different ways existing digital tools are being used for TB management and outlines opportunities to better harness digital health to improve TB prevention and care. Recommendations include the need for countries to strengthen policies on data governance and management, develop user-centered approaches for digital tools and improve awareness of local infrastructure gaps. It was further highlighted that global coordination and consultations between and among countries should be prioritized to facilitate much needed knowledge transfer and to develop and share solutions more widely.

3. Knowledge Sharing and Learning Resources

CASE STUDY: NIGERIA - CHANGING THE TB NARRATIVE

Background

With a population of more than 200 million people, Nigeria is the most populous country in Africa. The country is also among the 14 high-burden countries for TB, TB/HIV and multidrug-resistant TB (MDR-TB) with an estimated TB incidence of 219 (143-311) per 100,000 in 2020. According to WHO, Nigeria accounted for 4.6% of the global total TB burden in 2020 and was one of the 10 countries that accounted for 74% of missing TB cases globally. TB treatment coverage in Nigeria has been among the lowest in the world, stagnating at 24% for the past five years. This suggests that almost three quarters of the people who have fallen ill with TB every year in the country have been missed. One of the key challenges has been limited access to TB screening and testing facilities across the country.

Implementation

In 2019, the National Tuberculosis and Leprosy Control Programme (NTBLCP), in collaboration with the Global Fund and other partners, began implementing an ambitious plan to expand access to TB services. The specific areas of focus and strategies under this

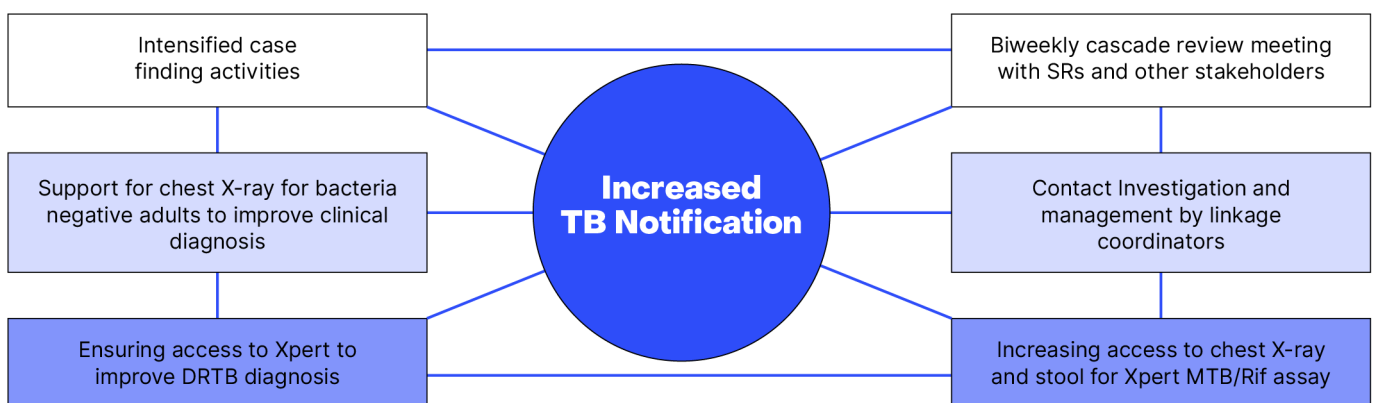
plan included:

- Strengthening TB case detection, diagnostic capacity and access to quality TB treatment services in health facilities (both public and private), and at community level;
- Creating demand for TB services;
- Expanding access to TB diagnosis and treatment services for people living with HIV;
- Scaling-up pediatric TB diagnosis and treatment services;
- Increasing access to diagnosis and management services for drug-resistant TB (DR-TB); and
- A differentiated implementation approach that designated focus states for public-private mix (PPM) and community TB care based on client care seeking preferences. The approach included a separate Global Fund grant for Lagos State.

Alongside these strategies, the NTBLCP also developed an accompanying M&E framework and stepped-up partnership coordination and multisectoral engagement, for example, through collaborative implementation with USAID-supported projects. A comprehensive analysis of program performance was also conducted and innovative interventions were conceptualized with WHO technical support.

Figure 4: Mitigation Measures to Improve TB Case Notification

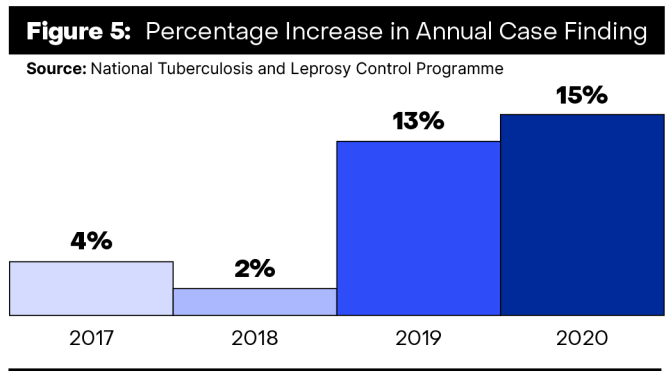
Source: National Tuberculosis and Leprosy Control Programme



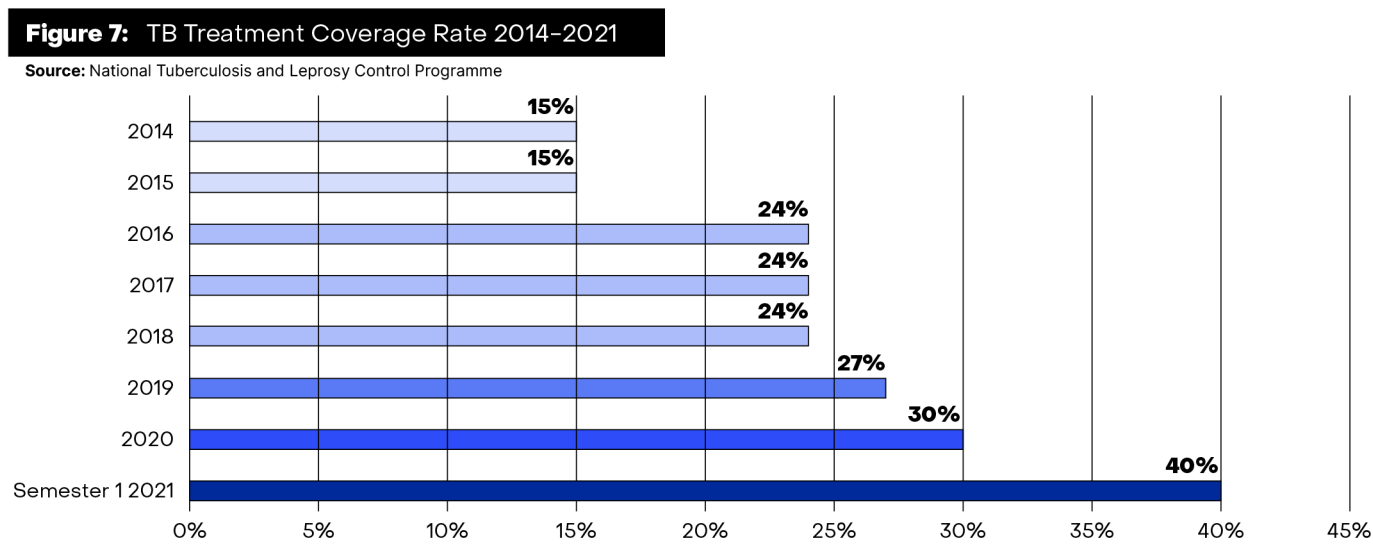
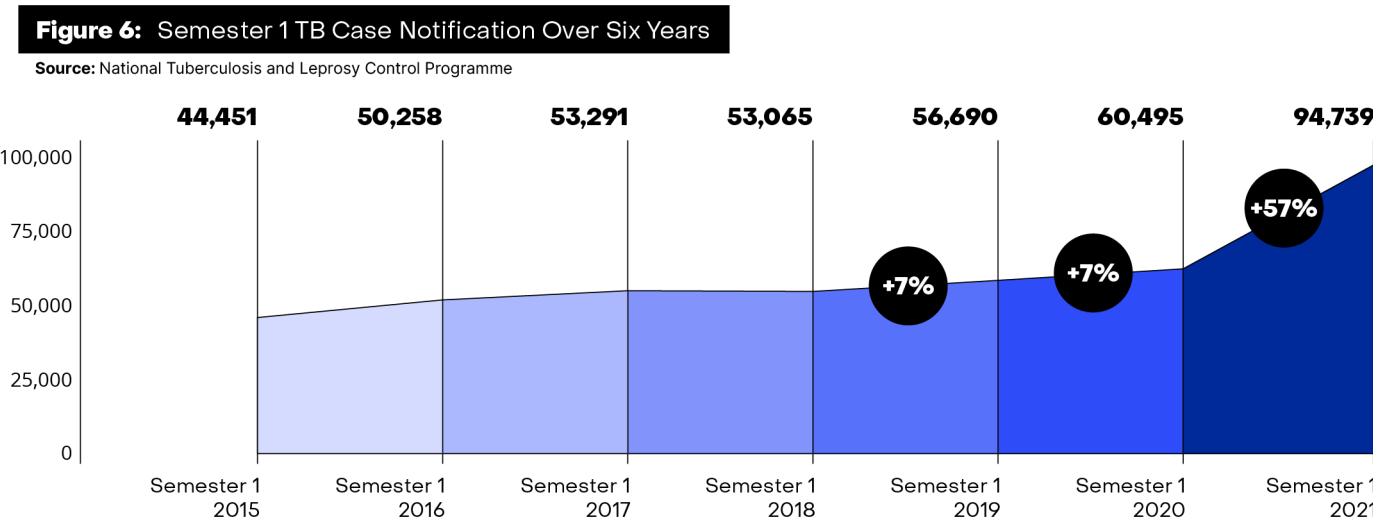
Key Results

The National Tuberculosis and Leprosy Control Programme’s ambitious plan has already yielded promising results with an increasing number of people screened, tested, diagnosed and placed on TB treatment in the last two years. Despite COVID-19 disruptions, Nigeria was among one of the few countries in the world in 2020 that reported an increase in TB case notification, with a 15% increment compared to 2018 (see Figure 5).

The country also recorded a 57% increase in the number of people with TB notified from January to June 2021, compared to a similar period in 2020. Figure 6 below highlights the change in the TB notification trends over the past six years.



In addition, the country also increased TB treatment coverage, consistently maintaining a high TB treatment success rate of 87% over the years. If current momentum is maintained, TB treatment coverage of 40% will be achieved in 2021 (see Figure 7).



Lessons Learned and Next Steps

Through a strategic effort that included strong multisectoral collaboration, Nigeria has made noteworthy gains in the fight against TB. Several factors have contributed to the country's positive performance thus far. These include:

- **Strong leadership** by the Federal Ministry of Health that prioritizes TB;
- **Collaboration with the states** and partners, including the use of score cards to incentivize state performance;
- **Empowered National Tuberculosis and Leprosy Control Programme (NTBLCP)** that provides overall stewardship to the TB response, including improving accountability and performance of the states through data-driven evaluations;
- **Strengthening of the TB diagnostic network** through investments in WHO recommended rapid molecular tests, sample transport systems, equipment maintenance and remote equipment monitoring;
- **Extensive TB service expansion**, with an additional 17,000 health facilities activated to offer TB services from a baseline of less than 10,000 at the start of 2019;
- **COVID-19 response and TB service adaptation** (using flexibilities and C19RM) that helped to continue planned service expansion and maintain coverage while mitigating the impact of COVID-19 on TB services;
- **Increased private sector contributions to TB notification** through engagement of a variety of private providers. The sector contribution to TB notification currently stands at 29% from a baseline of 12% in 2019. Notably, newly engaged providers like the patent and proprietary medicine vendors (PPMVs) are leading in the referral of TB presumptive cases;
- **Active case finding at the community level** that included an incentive structure with community-based organizations and is leading to a high number of presumptive and confirmed cases; and
- **Quick adoption and scale-up of the most recent internationally recommended diagnostic and treatment strategies**, like rapid molecular diagnostic tests, use of digital X-ray screening in Lagos and all oral drug resistance TB treatment regimen.

Looking forward, while the country remains committed to further accelerating these interventions, it has also started to focus on areas such childhood and drug-resistant TB case findings that have lagged behind.

CASE STUDY: BANGLADESH - MITIGATING THE IMPACT OF COVID-19 AND THE RAPID RECOVERY OF TB CASE NOTIFICATION

Background

Bangladesh is one of 30 high TB burden countries and accounts for 3.6% of all estimated incident cases worldwide according to the [WHO Global Tuberculosis Report 2021](#). Drug-resistant TB (DR-TB) is also a concern. Despite these challenges, the country has made significant progress in addressing TB/DR-TB and demonstrated a progressive increase in TB notifications and high TB treatment success rates prior to the COVID-19 pandemic.

When the COVID-19 crisis first hit in 2020, the Government of Bangladesh rapidly responded, taking measures to curb the virus's transmission and protect the population. A national holiday was declared and localized restrictions were put in place. However, the pandemic severely impacted TB case notification rates and the country faced a significant interruption to service delivery in the first half of 2020. People who feared COVID-19 infection avoided health facilities, while COVID-19 patients faced stigma and discrimination. Community outreach activities, access to health facilities for routine care, and the mobility of field staff were all interrupted. Staff shortages coupled with overburdened health facilities and laboratories further strained the health system. The combination of these factors resulted in a 22% drop in TB case notifications from 2019 to 2020.

Implementation

In the face of these challenges, the country implemented several actions to address service disruptions and mitigate the impact of COVID-19 on TB.

The first important step in the response was to **enhance capacity and confidence among service providers**. To this end, the National Tuberculosis

Control Program (NTP) rapidly established interim guidance for the management of essential TB services during the pandemic. The aim of this was to ensure that all TB service facilities could continue their operations and outreach activities. Both centrally and at field level, a key message was that health services would remain open and field activities should continue. At the same time, additional medical staff—including doctors, nurses and laboratory technicians—were recruited to respond to the pandemic. More than 500 community volunteers were also deployed to engage in TB prevention and care activities, such as family and community counseling or sample collections and referrals.

In addition, the NTP built critical staff awareness and training on infection control and prevention. With support from the Global Fund and other donor funds, the Government of Bangladesh distributed sufficient quantities of personal protective equipment (PPE) to health workers and community health workers. Adequate provision of personal protective equipment helped field staff feel confident to deliver services and resulted in an increased number of outreach activities, awareness campaigns and sensitization workshops integrating COVID-19 related messages with TB information.

Given that TB and COVID-19 are both respiratory diseases and share similar symptoms, another key strategic action in Bangladesh was to **expand the molecular diagnostic network**, thereby strengthening the country's testing capacity. Building on the availability of GeneXpert machines at 71 sites across Bangladesh, the NTP introduced testing for TB and COVID-19 simultaneously. The program also purchased an additional 200 GeneXpert machines, which enabled the further scale-up of TB testing.

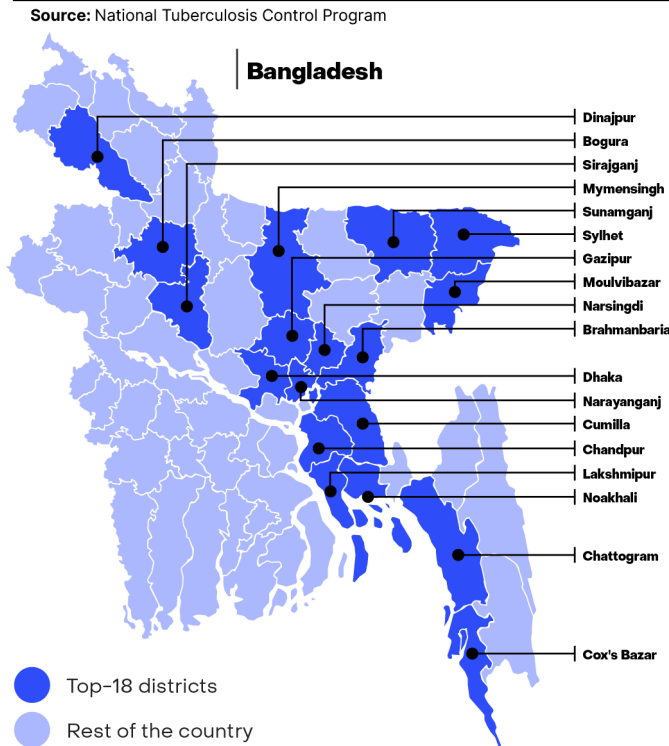
These efforts were bolstered by the increase of active case finding activities at community level, through community mobilization, outreach and household visits. In particular, among key populations and in hard-to-reach areas. Existing and new staff were (re-)trained on TB services with an emphasis on COVID-19 risk communication and infection prevention and control. Special collection boxes were provided to community health workers and field staff to transport sputum samples to laboratory and diagnostic centers. Sample

collection booths were also established in areas with a high concentration of people with symptoms. These efforts relieved patients of the need to travel to diagnostic centers where there was likely a chance of spreading COVID-19. It also increased the utilization of GeneXpert diagnostics rather than the conventional microscopy to aid in faster diagnosis. As a result, more patients were identified and initiated on treatment.

Engaging the private sector further accelerated the rapid recovery of the TB program. Their increased contribution from Q3 2020 included an intensified engagement in the referral, notification and treatment of people with TB.

Finally, **strategic prioritization** was very important to ensure that resources were focused on responding to the greatest needs. The NTP—along with WHO, USAID, Bangladesh Rural Advancement Committee (BRAC) and other implementing partners—estimated and mapped the missing people with TB in 2020 and prepared a TB recovery plan. The plan focused on the priority districts and followed microplanning by implementing partners to achieve the missing targets.

Figure 8: Top 18 Districts that Represented 60% of Missing Cases in 2020



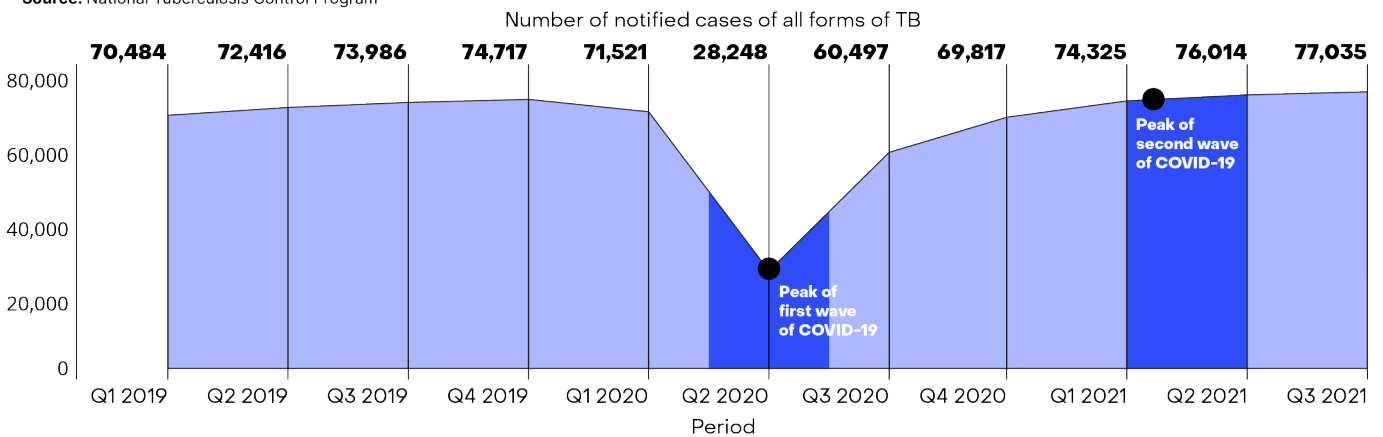
Key Results

Due to the collaborative actions taken in Bangladesh, the country achieved a quick return to pre-pandemic TB notification levels by Q4 2020.¹ By the first semester of 2021, notification rates exceeded the targets (see Figure 9 below).

Bangladesh has been unique among high TB burden countries in its ability not only to catch-up to its targets, but also scale-up coverage. The main contributing factors to this success included strong political leadership and commitment, combined with a collaborative response among TB stakeholders.

Figure 9: Quarterly Trend in TB Case Notifications

Source: National Tuberculosis Control Program



Throughout the crisis, Bangladesh’s Ministry of Health and Family Welfare (MOHFW) demonstrated remarkable leadership and joined forces with the important network of non-governmental organizations (NGOs), led by BRAC with whom it partners to deliver its national TB program. Through strategic political advocacy and clearly identified opportunities for integrating the TB and COVID responses, they ensured that TB remained a priority and that TB financial and human resources were not diverted to COVID-19. This collaboration between the Ministry of Health and the NGOs had a remarkable impact and generated important political commitment.

At the same time, the introduction of immediate adaptive actions taken by the program, coupled with capacity and confidence-building measures, improved planning and implementation of response efforts. This included community engagement for both COVID-19 and TB screening, referrals and testing.

Moreover, having accessed almost 100% of funding made available through grant flexibilities and C19RM,

Bangladesh has been highly effective in mobilizing and utilizing resources for its COVID-19 response.

If the current performance is maintained, the treatment coverage will reach an all-time high in 2021.

Lessons Learned

Strong NTP leadership and effective collaboration with NGO implementing partners, have shown to be key to ensure joint motivation and confidence-building among staff working at all levels of the program. Considering the key contribution of community (54%) and private sector (23%) referrals to the overall notification numbers, the successful partnership between the Government of Bangladesh and NGOs should continue to be strengthened.

The additional funding through C19RM further strengthened the program’s response by expanding the molecular diagnostic network. It also improved community engagement in the response to contribute to the identification of the backlog of “missed” people with TB in 2020.

¹ In absolute terms, the number of cases notified decreased from 71,521 in Q1 to 28,248 in Q2, and then increased to 60,497 in Q3 and 69,817 in Q4.

4. Voices

NIGERIA

“Nigeria has moved from a 24% treatment coverage rate in 2018 to a 30% treatment coverage rate in 2020. The country became one of the few countries to end the year 2020 with an increase in TB case findings. The reasons for this achievement are the strategic innovations implemented in the programme within these few years. In the first three quarters of 2021, the result has gotten even better as the country’s treatment coverage rate is presently at 45%. Nigeria is absolutely committed to this strategic initiative that can aid in identifying TB patients within communities and retaining them for absolute care. The country is dedicated to the vision of ENDING TB.”



Dr. Chukwuma Anyaike,
 Director and National Coordinator,
 National TB Programme, Nigeria

REPUBLIC OF CONGO

“The Republic of Congo is one of the high-burden countries for TB and HIV-associated TB. There are many TB missing cases which greatly impact the performance of our TB program. Thus, it seems opportune to set up innovative mechanisms that will enable the country to increase its capacity to reduce the burden of tuberculosis. Thanks to the Global Fund Strategic Initiative, we created a TB working group, we organized bimonthly meetings to follow up on the grant implementation and we plan to carry out the “quality improvement” approach with the support of an international and national technical assistance (TA).”



Dr. Franck Hardain Okemba Okombi,
 National TB Program Manager,
 Republic of Congo



The Global Fund/John Rae

About the TB Strategic Initiative

The Global Fund **TB Strategic Initiative**, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and implemented by the Stop TB Partnership (Stop TB) and the World Health Organization (WHO), has been working with national TB programs and partners since 2018 to stop the spread of TB and reach the global goal adopted by world leaders to end TB by 2030. This ambitious joint effort, initially launched in 13 countries, aims to address specific barriers to finding missing people with TB through a combination of innovative approaches, knowledge sharing and best practices. Now in its second phase (2021-2023), the TB Strategic Initiative will catalyze further efforts to find and successfully treat people with TB facing barriers and that are currently missed at different points in the TB care cascade in 20 priority countries.

