



Mohammed Asad Mia defeated TB while supporting his family and growing his business during the COVID-19 pandemic.

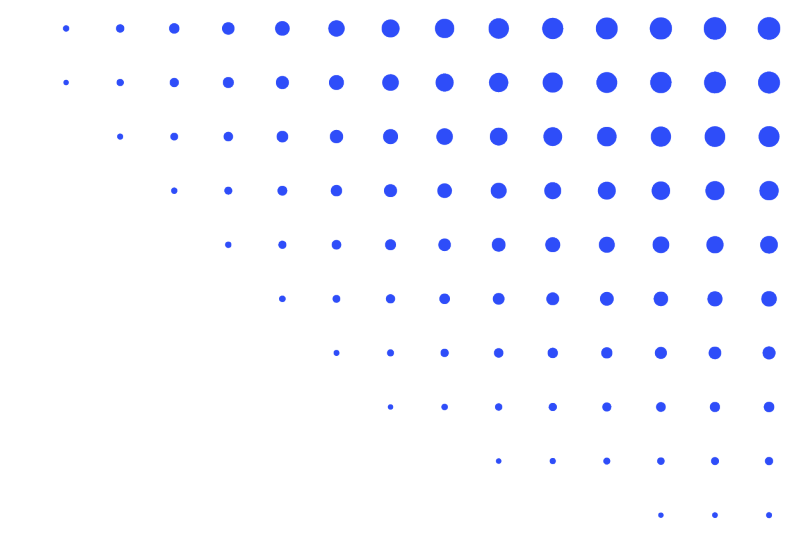
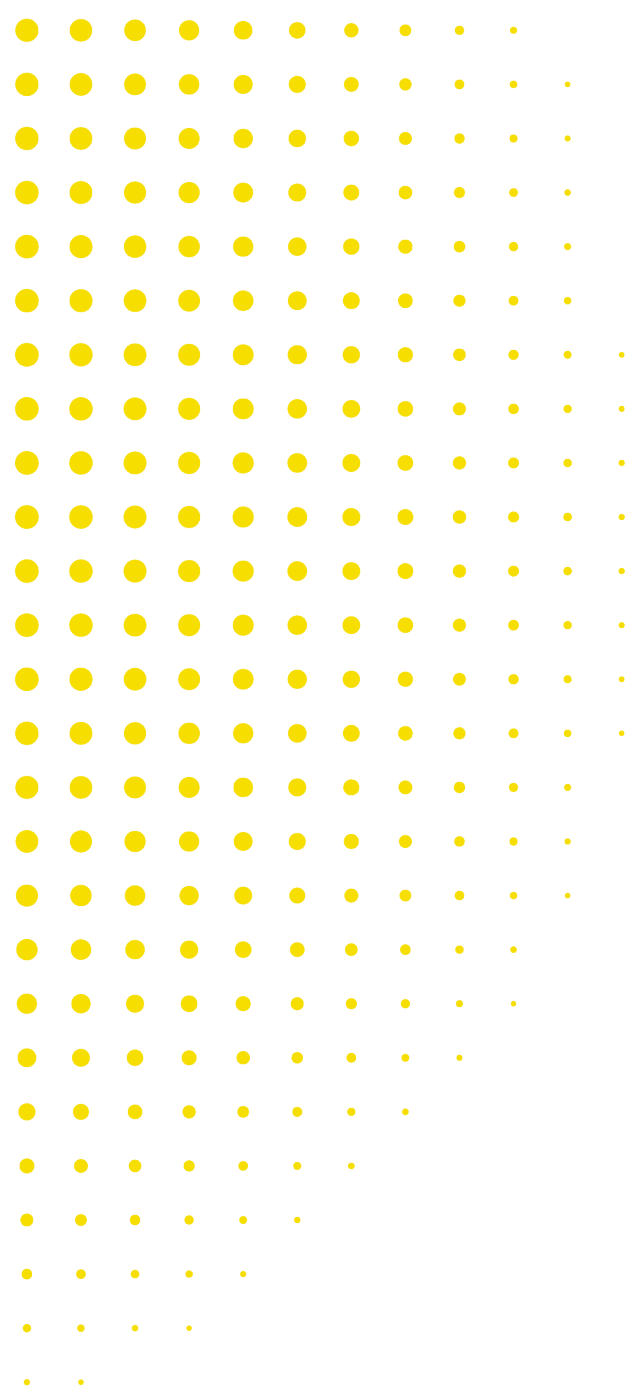
The Global Fund/Yousuf Tushar

The TB Quarterly Update

Innovative Approaches to Finding and Treating Missing People with TB

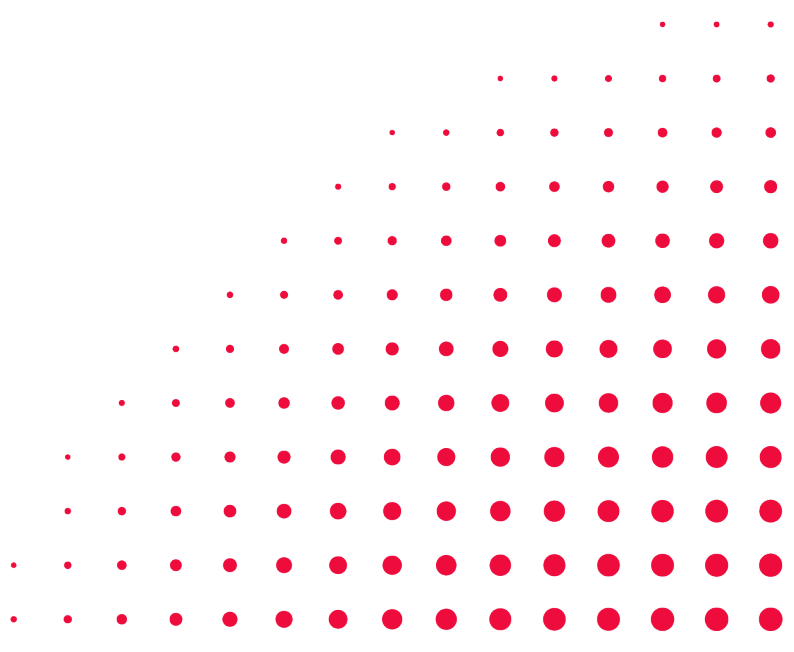
AUGUST/SEPTEMBER 2023





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1. What's New

2023 United Nations High-level Meeting on the Fight against Tuberculosis

At the first United Nations High-level Meeting (UNHLM) on TB in 2018, world leaders committed to undertake a comprehensive review of the agreed-on tuberculosis targets in 2023 and to identify gaps and solutions to accelerate progress towards ending TB by 2030. The

second UNHLM on TB will take place on 22 September 2023 during the UN General Assembly High-level Week. This meeting provides an important opportunity to foster high-level political will, enhance collaboration and mobilize additional resources for the fight against TB. More information is available on the [Stop TB website](#).



“We need to ensure that the UNHLM on TB this September in New York establishes clear priorities and a clear agenda for what we are going to do to beat this disease. As we progress in the fight against TB, we also have to recognize that one key constraint is domestic financing. We need to make sure that domestic resourcing is there, otherwise we will not meet our targets.”

Peter Sands,
Executive Director,
The Global Fund



“It's time for us to dream bold! It's in our hands. It's in the hands of the TB managers. It's in the hands of the ministers of health, permanent secretaries and governments. If we want to end TB, it's absolutely feasible to end TB by 2030 if we get the right attention and the resources.”

Dr. Lucica Ditiu,
Executive Director,
Stop TB Partnership



“We need to significantly increase investments in TB research and interventions. We need everyone — individuals, communities, societies, donors and governors — to do their part to end TB.”

Dr. Tereza Kasaeva,
Director, Global TB Programme,
World Health Organization



“TB affected communities must always be the center of TB response if we are to end TB by 2030. Use the 'Deadly Divide, a TB Affected Communities Accountability Report', which analyzes progress against commitments. Also we must urge our heads of state to attend the UNHLM on TB in person and make ambitious bold commitments.”

Carol Nawina Nyirenda,
TB survivor and civil society representative, Tanzania

Investing for Impact: Meeting of the Permanent Secretaries and National TB Program Managers in Africa to Accelerate Progress in TB

From 4 to 7 July 2023, the Global Fund — in collaboration with the Ministry of Health of Tanzania, WHO and the Stop TB Partnership (Stop TB) — held a meeting on accelerating TB progress in Africa. Participants from twelve countries¹ gathered to share experiences and best practices on the scale-up of innovative approaches, new tools, financing and policies for finding and treating the missing people with TB in the region.

Inaugurated by Tanzania’s Minister of Health, Honorable Umyy Mwalimu, and Permanent Secretary, Dr. Seif Sheikhalage, the meeting also included remarks from Peter Sands, Executive Director of the Global Fund, Tereza Kasaeva, Director of WHO Global TB Programme and Lucica Ditiu, Executive Director of Stop TB. Various activities were held for participants, such as sessions on TB financing, leadership and multisectoral collaboration, and field visits. The meeting resulted in the development of the Arusha Statement (see also below), commitments for the UNHLM on TB and beyond and country action plans to amplify impact within the region.



“There is a need for accelerated action if we are to achieve the End TB goals, but TB programs grapple with inadequate financing for TB control efforts. Country governments are encouraged to make the TB agenda a priority during resource allocation and to identify innovative domestic financing solutions to close the funding gap.”

Dr. Immaculate Kathure,
Acting Head, Division of Tuberculosis and Lung Health,
Ministry of Health, Kenya



“The regional meeting of the permanent secretaries and the TB managers from some African countries confirmed the common huge financial gaps. It provided the platform for domestic resource mobilization for combating TB. To breach these gaps, countries must be deliberate in instituting strong political commitment and leadership, efficient intersectoral collaboration and building a strong and robust health system.”

Dr. Chukwuma Anyaike,
Director and National Coordinator,
National Tuberculosis, Leprosy and Buruli Ulcer Control Programme, Nigeria



“I commit to accelerate the end of the TB epidemic in Uganda by 2030 by engaging high-level leadership, promoting innovative, integrated people-centered approaches to TB services delivery and mobilizing additional domestic resources to ensure sustainable diagnostics and medicines. Yes! We can end TB.”

Dr. Henry G. Mwebesa,
Director General Health Services,
Ministry of Health, Uganda

¹ This includes representatives from the ministries of health in Cameroon, Ethiopia, Ghana, India, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. Civil society and community representatives from the Democratic Republic of the Congo, Zambia, Tanzania and Global Fund staff members also participated in the meeting.



“Tuberculosis funding remains suboptimal and ending the epidemic requires optimization of available resources together with improved stakeholder management and accountability, capacity building for subnational managers, cascade analysis and use of data to guide the response at all levels. It also requires expediting the introduction of new tools for TB management, embracing the use of technology and engaging the private sector and communities, including establishing a TB survivors’ network.”

Dr. Turyahabwe Stavia,
Program Manager,
Ministry of Health, Uganda



“TB pushes the poor into death and not poverty because they are already poor. Let's extend a helping hand to the victims of TB and be involved in the fight to end TB.”

Dr. Mubanga Angel,
National TB Control Program Manager,
Ministry of Health, Zambia



“As permanent secretaries we need to be committed to the race towards ending TB by the year 2030. Commitment, commitment and commitment is the answer. We need to also increase our domestic budgets to the TB program. We equally need to leverage on collaboration and involvement of all stakeholders in the fight against TB.”

Madrine Bbalo Mbuta,
Director for Policy and Planning,
Ministry of Health, Zambia



“Thank you, Global Fund, for coming up with an insightful idea of conducting this meeting and making it a reality! Now it's up to us the high TB burden countries to put into action the Arusha meeting declarations and resolutions so as to end TB by 2030!”

Dr. Peter Neema,
National TB Programme Manager,
Ministry of Health and Social Welfare, Tanzania



“With a rapid communication for a regimen revision, we tend to count the cost of the stock level of the old drug. We plan and plan and plan, forgetting that it is about human lives, waiting to make their lives better. Let's make lives better. It is all about human lives!”

Dr. Yaw Adusi-Poku,
Programme Manager, National TB Control,
Ghana Health Service



The Global Fund

Country participants and other stakeholders at the meeting with the Honorable Minister of Health Tanzania, Umyy Mwalimu.



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Field visits to a post-TB lung disease project site with community health workers of MKUTA Tanzania in the mining area of Mererani Mining area and to Kibong'oto Infectious Disease Hospital.

Arusha Statement
“Statement by Permanent Secretaries for Health and National TB Programme Managers on Accelerating Ending TB in Africa 4 to 7 July 2023, Arusha, Tanzania”

PREAMBLE

We, the Permanent Secretaries of Health and National TB Programme Managers from Cameroon, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe in a meeting with key stakeholders acknowledge that despite concerted efforts, tuberculosis (TB), including its drug-resistant forms, causes more deaths than any other infectious

disease in Africa and therefore is a serious threat to global health security with great economic impact.

Cognizant of these facts, we, the Permanent Secretaries and National TB Programme Managers have observed that:

1. TB is one of the leading causes of death in Africa among infectious diseases despite being preventable, treatable and curable.
2. There is a need for increased engagement of top leadership at all levels in the fight against TB.
3. Africa has made some progress in TB incidence reduction and TB Preventive Therapy (TPT) uptake among people living with HIV (PLHIV) and household contacts.

4. There are significant gaps in the coverage and quality of TB prevention, diagnosis and treatment interventions, especially among children, people with multidrug-resistant TB (MDR-TB), and other vulnerable groups.
5. Experiences and best practices from other epidemics, including Covid-19, could be leveraged in the fight against TB.
6. There is limited usage of innovation and technology in improving access and quality of TB services.
7. There has been a significant funding gap for TB, including domestic funding.
8. There is limited engagement of civil society organizations and communities in the fight against TB.
9. TB prevention and care is mostly focused on the bacteria with inadequate attention to social needs, stigma, cost, human rights, and gender in a number of situations. People centered, human-rights based, and gender responsive approaches that prioritize TB key and vulnerable populations are not well integrated in the TB response.
10. There is a need to increase engagement of African countries in the negotiation for political declaration and participation at the 2023 UN High-level meeting (UNHLM).

We, Permanent Secretaries, therefore commit to accelerating efforts to end TB by year 2030 by:

A. Leadership

1. Increasing engagement of top leadership at all levels (presidents/prime ministers and governors) in the fight against TB.
2. Supporting interdepartmental and multisectoral collaboration for TB, including the implementation of the WHO recommended Multisectoral Accountability Framework.
3. Giving increased attention to the performance of the TB programme through interactions with the TB Programme using the existing ministerial platform and, where feasible, advocating for a national TB task force.

B. Financing

1. Adapting innovative approaches to increase domestic funding for TB, including leveraging and

integrating all available resources. This includes exploring opportunities provided by health insurance schemes, social protection programmes, Universal Health Coverage (UHC), and private domestic funding, etc.

C. Enabling environment

1. Supporting early uptake of innovations and new tools and policies and supporting the NTP's interaction with regulatory bodies and departments responsible for waivers.
2. Adopting and scaling up technology.
3. Improving the coverage and quality of TB services, including TB prevention, diagnosis and treatment, with emphasis on UHC.

D. The 2023 UNHLM for TB

1. Advocating for enhanced engagement of African countries in the negotiation for political declaration and ensuring their participation at the 2023 UNHLM.

We the NTP managers commit to accelerating efforts to end TB by year 2030 by:

1. Assessing and implementing Post-TB Lung Disease (PTLD) as part of a continuum of quality TB care.
2. Investing and accelerating the use of technology in TB prevention, diagnosis and care, including real-time patient level data.
3. Enhancing the visibility of the TB programme and improving engagement with top leadership.
 - a. Institutionalizing bi-annual engagement with the office of the PS through the development of a bi-annual programme bulletin.
 - b. Engaging a communication expert to assist in the development of strategic messages for advocacy and to create demand for services.
 - c. Organizing a bi-annual stakeholders' forum for advocacy and resource mobilization.
4. Accelerating the uptake of TPT, especially among under-fives and household contacts, as well as shorter regimens for both drug-sensitive tuberculosis (DS-TB) and drug-resistant tuberculosis DR-TB.
5. Strengthening the management of TB among key vulnerable populations (i.e., miners, industrial workers, quarry workers, prisoners etc.).
6. Improving engagement, coordination and integra-

tion of civil society organizations and communities, including community health workers in the provision of TB services.

- a. Strengthening facility-community linkages through improvement of the community M&E systems to allow community activity reporting.
- b. Scaling-up capacity building and providing support systems for community lead-monitoring.

- 7. Utilizing multiple complementary interventions to increase access and optimization of rapid molecular diagnosis including leveraging and integrating into general health system while maintaining the quality of TB programming
- 8. Ensuring additional focus on patient center care for TB (addressing stigma, patients’ rights, and gender issues).

Country-level Technical Assistance

1. ETHIOPIA
Redesigning national TB strategies and implementation tools

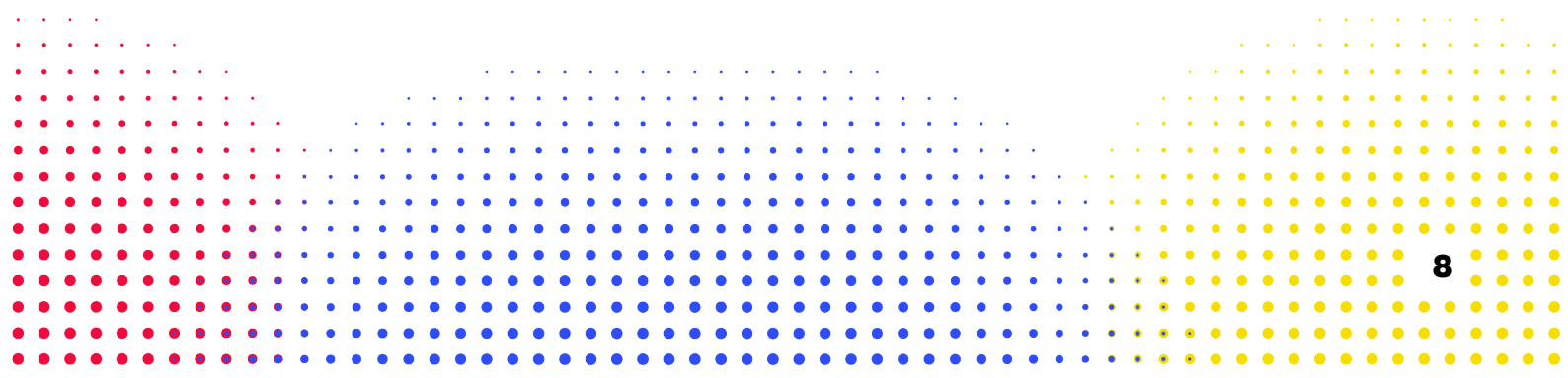


Through years of successful implementation of high impact, evidence-based strategies aligned with global recommendations, the National TB, Leprosy and Lung Diseases Control Program of Ethiopia has made great progress in reducing the burden of TB and drug resistant TB (DR-TB). However, the country continues to miss about 29,000 people with TB and a new set of challenges—including armed conflicts, massive population displacement and disruption of essential TB services in the affected areas—have required adaptive programming and revision of the current national strategy. In line with these challenges, technical assistance will be deployed to support the redesign of strategies to find missing people with TB/DR-TB and prepare implementation tools for new cost-effective and high-impact interventions that address current gaps in the TB National Strategic Plan (NSP). This includes costing the TB NSP and modeling the country’s TB transmission dynamics.

2. GUATEMALA
Improving active case detection in hospitals



In Guatemala, data on how much hospitals contribute to TB case detection is limited. Technical support to the country will aim to analyze existing data on TB services, develop a plan to improve screening, yield and TB cases diagnosis in hospitals and define annual targets.



2. Knowledge Sharing and Learning Resources

CASE STUDY: Rapid Uptake of Bedaquiline, Pretomanid and Linezolid with Levofloxacin (BPaL-L) in South Africa

Background

South Africa remains one of the highest TB burden countries in the world, with an incidence of 513 per 100,000 people and an estimated total of 304,000 people di-

agnosed with the disease in 2021. The multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB) incidence is also high at 35 people per 100,000, or an estimated 21,000 people diagnosed in 2021. The country experienced a significant decrease in TB case finding due to COVID-19. However, after implementation of a recovery plan, TB testing is at its highest in six years (more than 2.5 million GeneXpert tests done in 2022) and TB notifications are almost equal to 2019. (See Figures 1 and 2).

Figure 1: TB Recovery Plan: Jan - Dec 2022

Source: National TB Programme

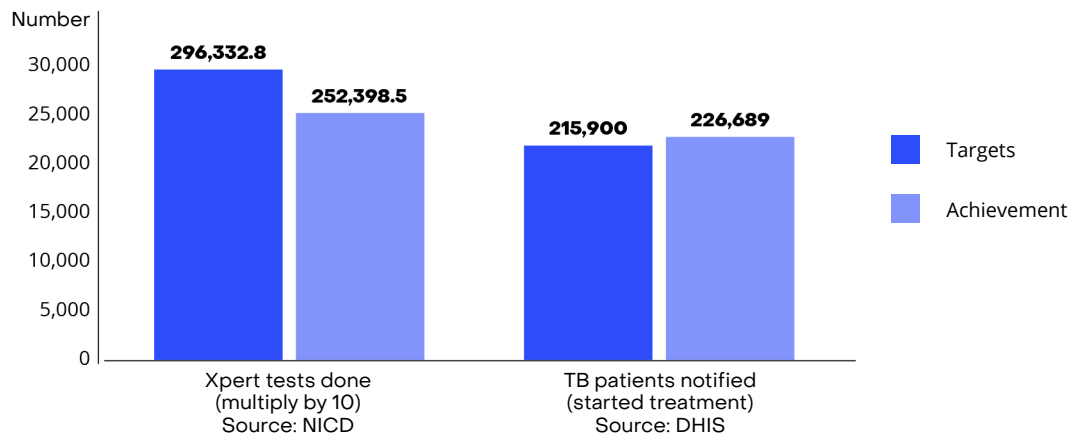
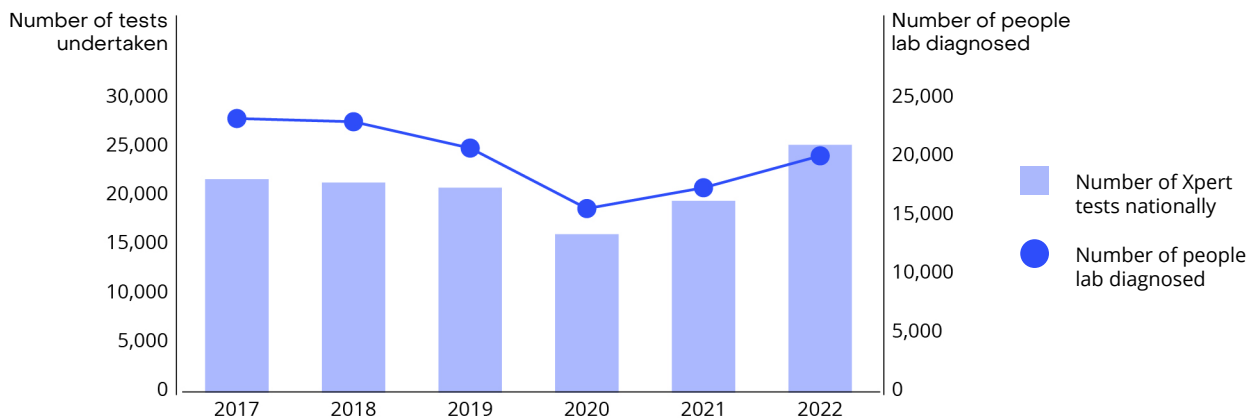


Figure 2: GeneXpert Tests Conducted

Source: National TB Programme



Following the successful Bedaquiline Clinical Access Programme (BCAP), South Africa removed the injectable agents (kanamycin, capreomycin and amikacin), which were associated with high levels of ototoxicity, and introduced bedaquiline to all MDR/RR-TB patients in shorter and longer regimens in 2018. In 2020, the BPaL Clinical Access Programme (BPaL CAP) was established in five facilities across four provinces under the National TB Programme (NTP).

A year later, the Building Evidence for Advancing New Treatment for Rifampicin Resistant Tuberculosis (BEAT TB) study was introduced as a collaborative clinical trial between the NTP and Wits Health Consortium. In 2022, WHO recommended the use of BPaL-M, a six-month regimen for the treatment of MDR/RR-TB. At this point, South Africa started to prepare its introduction to all eligible patients, as the country is currently using a nine-month regimen that includes seven drugs and 3,000 tablets on average to complete treatment. An adoption process using the Grading of Recommendations Assessment, Development and Evaluations (GRADE) methodology was done and the process concluded that a six-month regimen made of bedaquiline, pretomanid, linezolid and levofloxacin would be used in South Africa. Several years of programmatic research in the country will support this scale-up.

As of 1 September 2023, all newly diagnosed MDR/RR-TB patients will be initiated on the BPaL-L regimen at treatment sites that are conducting the BPaL CAP study. Progressively, all facilities across the country will follow while training on the new regimen continues. It is expected that all newly diagnosed patients in the country will have been started on the six-month treatment regimen by December 2023. This case study highlights the actions that led to the rapid uptake of this new treatment regimen for MDR/RR-TB through BPaL CAP.

Implementation

Several actions were taken to prepare for the implementation of this six-month regimen. First, the DR-TB National Clinical Advisory Committee met to

review evidence supporting the regimen introduction and, following discussions, agreed to recommend it. A consultant was then hired to advise on the introduction of BPaL-M in all provinces and a plan was drafted and discussed with the NTP. After this step, provinces, civil society and the National Health Council were informed. BPaL-M introduction was also included in the TB recovery plan. At that stage, the Clinton Health Access Initiative (CHAI) was engaged to provide quantification, while the Global Fund was approached to fund drugs, pretomanid in particular, as the other drugs in the regimen are available for funding within TB grants. The National Essential Medicines List Committee (NEMLC) was also engaged and the adoption process using the GRADE methodology was conducted. This process supported the introduction of the six-month regimen composed of Bedaquiline, Pretomanid, Linezolid and Levofloxacin (BPaL-L).² Prior to the introduction of the nine-month regimen and oral agents, the treatment success rate for MDR/RR-TB in South Africa was below 50%. Currently, the treatment success rate for patients on the nine-month regimen increased to above 60%. With the introduction of a six-month regimen, it is hoped that the treatment success rate will reach 80% through reductions in loss to follow up and death rates.

BPaL CAP, the precursor to the new six-month treatment regimen, was introduced in 2020, although the first patient was enrolled in March 2021. It followed two successful programs: BCAP and the Delamanid Clinical Access Programme (DCAP). Funded by the USAID and the NTP, the BPaL CAP study aims to evaluate the effectiveness and safety of the BPaL regimen for patients with extensively drug-resistant tuberculosis (XDR-TB), fluoroquinolone-resistant TB and selected RR-TB via pre-approval access. This is an open label, single arm intervention study. So far, 260 participants have been enrolled and 160 of them have completed treatment. All participants were culture negative at the end of treatment.

Results

To date, South Africa has revised guidelines to reflect

² This was done largely because it was felt that although fluoroquinolones are associated with QT prolongation, the effect is lesser when levofloxacin is used compared to moxifloxacin. Also, no evidence was found indicating that moxifloxacin is superior to levofloxacin.

the new treatment regimen, which have been circulated among health care workers. Training slides with voice-over are available and training manuals are being printed while a medical officer is currently conducting training in various provinces. The new TB drug tender includes all required medicines. A formal launch is being planned to mark this important milestone in the TB program.

Lessons learned and next steps

Several lessons were learned during the implementation of this project. These include the importance of (1) building on the work of previous projects, in this case starting with lessons from BCAP, (2) establishing a collaborative public-private working group, which enabled the compilation of study protocols, training courses and good clinical practice (GCP), and (3) communicating with provinces and engaging stakeholders through the process.

**CASE STUDY:
TB Community Consultations in India and Ukraine**

Background

To ensure meaningful participation of the TB community in the development of funding requests for Grant Cycle 7 (GC7), community consultations were held in **India** and **Ukraine**. In India, the Asia Pacific Council of AIDS Service Organizations (APCASO) joined forces with Touched by TB India to organize community consultations in the northeast region of India in April 2023. These workshops aimed to identify crucial requests and recommendations to shape India's Global Fund TB funding request. In **Ukraine**, short-term technical support was provided to TB People Ukraine to strengthen participation of the TB community in the development of the country's funding

request. Through both consultations, community input and expertise played a vital role in shaping strategies and actions.

Implementation

In **India**, more than 60 participants—including NGOs, civil society organizations, TB champions and state TB officials—gathered from the states of Sikkim, Assam, Nagaland and Meghalaya. These workshops served as a platform for the voices of the northeast region, which faces a disproportionately high incidence of multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB. Often hard to reach, these communities are frequently overlooked. The consultations marked the initial phase of capturing the needs and perspectives of TB-affected communities to ensure their concerns were adequately addressed in the funding request, which was scheduled for submission in Window 2. In **Ukraine**, the process began with a comprehensive situational analysis and needs assessment, leading to the development of recommendations for priority activities for the next three years. By conducting an extensive analysis and engaging in collaborative discussions with stakeholders, including community representatives and experts, TB People Ukraine identified key challenges and gaps related to TB issues.

Results

In **India**, the key asks and recommendations around issues of MDR/XDR TB from the consultations in the northeast region were presented at a national-level consultation held on 24 April 2023 in New Delhi. Additionally, virtual discussions were conducted with the 14 state-level networks, allowing for a broader dissemination of the key findings. Based on these inputs, the community annex was updated. Notably, the funding request from India to the Global Fund now encompasses programs and activities from the five northeastern states, signaling a

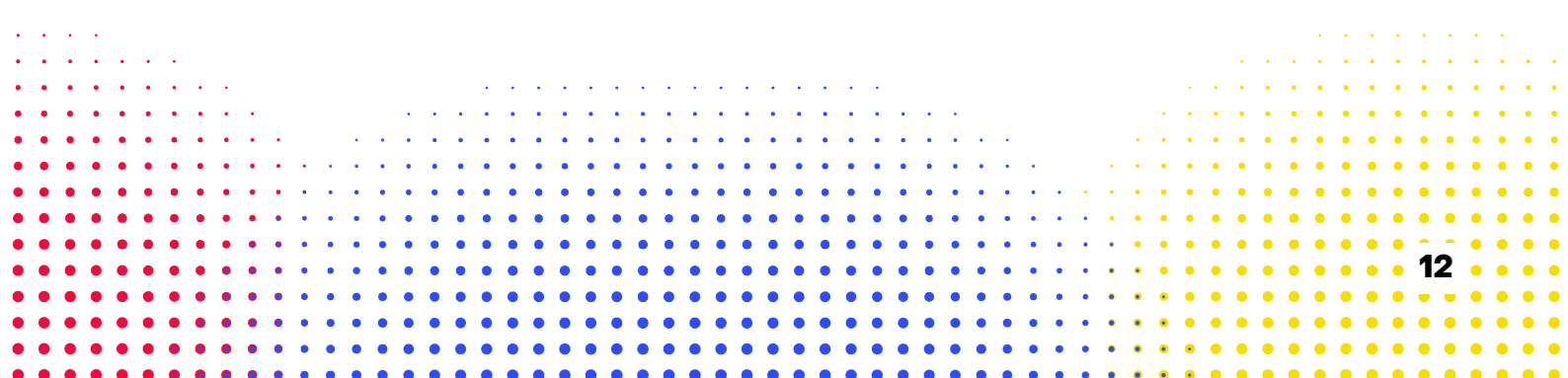


significant step forward. Furthermore, a comprehensive case study is under development and a consultant has been engaged to document and analyze the processes undertaken during these consultations, which will provide valuable insights for future endeavors. In **Ukraine**, precise and actionable recommendations were formulated based on the situation analysis, with the aim to address the most pressing issues in TB prevention, treatment and support. TB People Ukraine also formed a list of priority interventions, which was shared with community representatives for review and feedback. This list will serve as a guiding framework for future efforts. A major achievement was the active involvement of TB community organizations and communities in the prioritization of interventions. As a result, community-led monitoring and access to diagnostics were among the key priorities included in the funding request. Despite tight deadlines and an intensive national dialogue process, the collaboration with international consultants on the development of the Global Fund funding request for GC7 was successful, with six out of eight proposed interventions recommended for main allocation and two for Prioritized Above Allocation Request (PAAR), securing funding on par with previous periods. A virtual

meeting held in June 2023 provided an opportunity for TB community members and stakeholders to review the submission results, interventions, priorities and lessons learned. The meeting also facilitated engagement with TB People Ukraine representatives, as it provided insights into the plans and next steps in GC7.

Lessons learned and next steps

In **India**, the success of these community consultations highlights the commitment to inclusivity and the recognition of the unique challenges faced by TB-affected communities in the northeast region. By actively involving these communities and amplifying their voices, the path towards effective TB response becomes more comprehensive and responsive to the needs on the ground. In **Ukraine**, flexible time limits and accessible technical assistance ahead of the allocation letter were identified as crucial factors for comprehensive involvement of civil society organizations (CSOs) in the assessment and prioritization processes. At the same time, the successful collaboration and outcomes of this process underscore the commitment to prioritize community-driven initiatives and allocate the necessary resources for their implementation.





The Global Fund/Ed Wray



About the TB Strategic Initiative

The **TB Strategic Initiative**, funded by 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, especially among key vulnerable populations, 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.