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The TB Quarterly Update

Innovative Approaches to Finding and Treating Missing People with TB

OCTOBER 2021

THE GLOBAL FUND

Welcome Note

Dear Readers,

Welcome to the first edition of the **TB Quarterly Update: Innovative Approaches to Finding and Treating Missing People with TB**! This update will be produced on a quarterly basis to share information on the achievements, tools, guidance, best practices, and highlights of the TB Strategic Initiative and other TB-related activities. We hope you find the content helpful and informative and we invite you to share it with your networks. Thank you.

- The Global Fund TB Team

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1. About the TB Strategic Initiative

TB Strategic Initiative overview

According to the World Health Organization, around 10 million people fell ill with TB worldwide in 2019, with 1.4 million TB deaths reported in the same period. While good strides have been made, progress towards achieving global targets to End TB by 2030 remains slow.[1] Indeed, the TB incidence rate and annual number of TB deaths are steadily falling and the number of people reported having been newly diagnosed and notified has increased to 7.1 million from 6.4 million in 2017. Finding and treating people with TB who are missed, along with addressing social and other determinants of the disease, remains essential in order to end the global TB epidemic.

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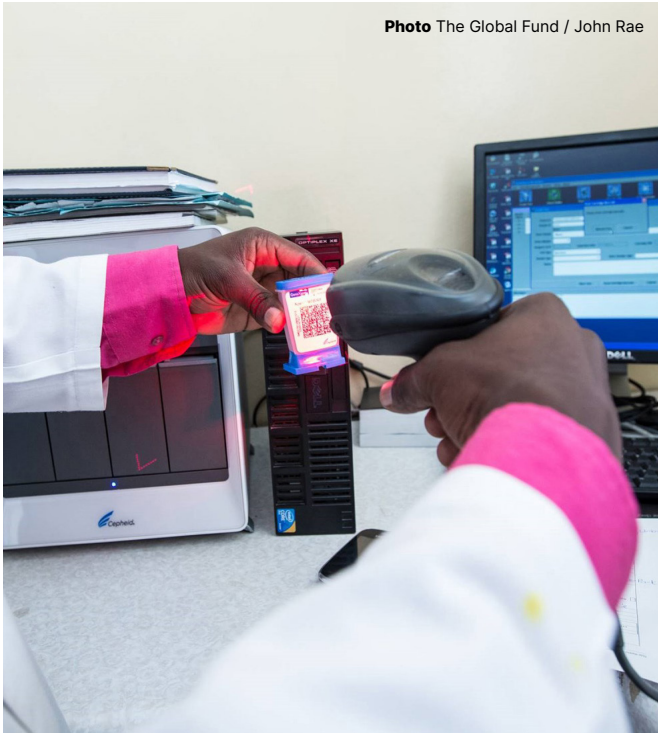


Photo The Global Fund / John Rae

The **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,[2] 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.

The overall goal of the first phase of the TB Strategic Initiative (2017 - 2019) was to find 1.5 million additional people with TB by the end of 2019. By the end of 2019, an additional 1,014,000 TB patients had been notified, contributing towards a 28% increase in case notifications for these countries compared to the 2015 baseline.

[1] Global tuberculosis report 2020. Geneva: World Health Organization; 2020.
[2] The 13 countries that took part in the first cycle of the TB Strategic Initiative were Bangladesh, Democratic Republic of Congo (DRC), Indonesia, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, Ukraine, Kenya, Mozambique and India.

The second phase (2021-2023)

Building on successes and lessons learned to date, the second phase of the TB Strategic Initiative (2021 - 2023) will make available US$14 million to 20 priority countries, 5 of which are in West and Central Africa (WCA).[3] The funding 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.

Similar to the first phase, the current model includes global-level technical support backed by country-level, demand-driven technical assistance (TA) with strong country ownership to sustain gains. Implementing partners, WHO and STOP TB, will continue to provide global and country support focused on reducing barriers, developing and scaling innovative tools and approaches, and sharing best practices and lessons learned. Intensified focus in this next phase will be placed not only on drug-sensitive TB (DS-TB), but also on drug-resistant TB (DR-TB), children with TB, and treatment of TB infection (TPT).

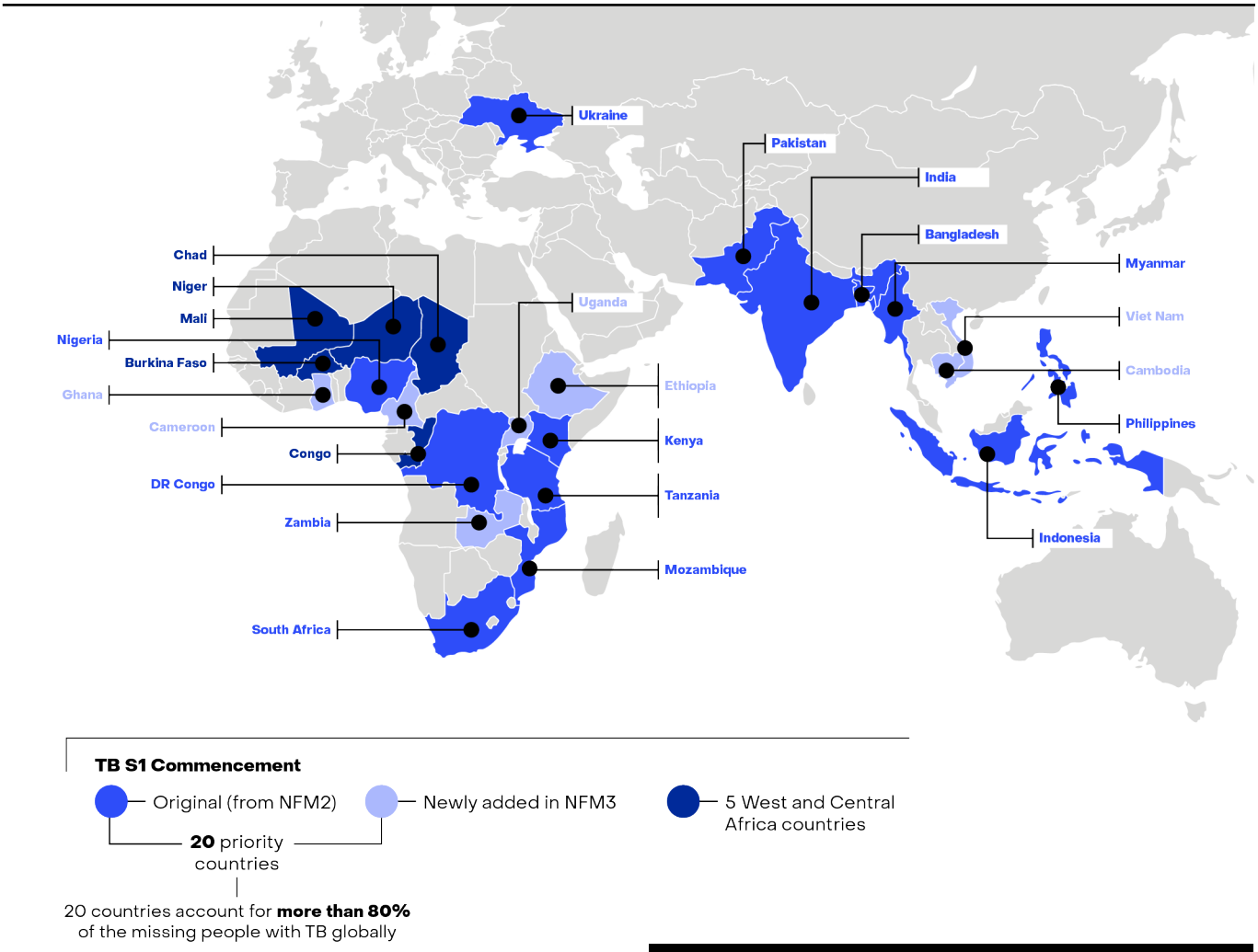


Figure 1: TB SI 2021 – 2023 Cycle

[3] This includes the 13 countries from the first cycle plus 7 new ones: Cambodia, Cameroon, Ethiopia, Ghana, Uganda, Viet Nam, Zambia. The 5 countries in WCA are: Burkina Faso, Chad, Congo, Mali, and Niger.

2. Key Achievements from the 2017-2020 Phase

Narrowing the gap

The first implementation phase of the TB Strategic Initiative contributed to an impressive increase in TB case-finding across the 13 countries. In addition, there was a significant reduction in the TB incidence versus TB notification gap. As a result, an additional 1.01 million people with TB were found by the end of implementation period. Several efforts contributed to these results, including:

- a focus on clear quantifiable outcomes and targets,
- the development and promotion of new tools and approaches (e.g., Public-Private Mix; Community, Rights, and Gender, etc.),
- the deployment of innovative TA, and
- investments in strengthening community empowerment and sustainable community systems at the country level.

Strong advocacy and awareness were also critical to the success of the previous phase, including the UNHLM 2018 targets, which increased attention to TB issues in political agendas.

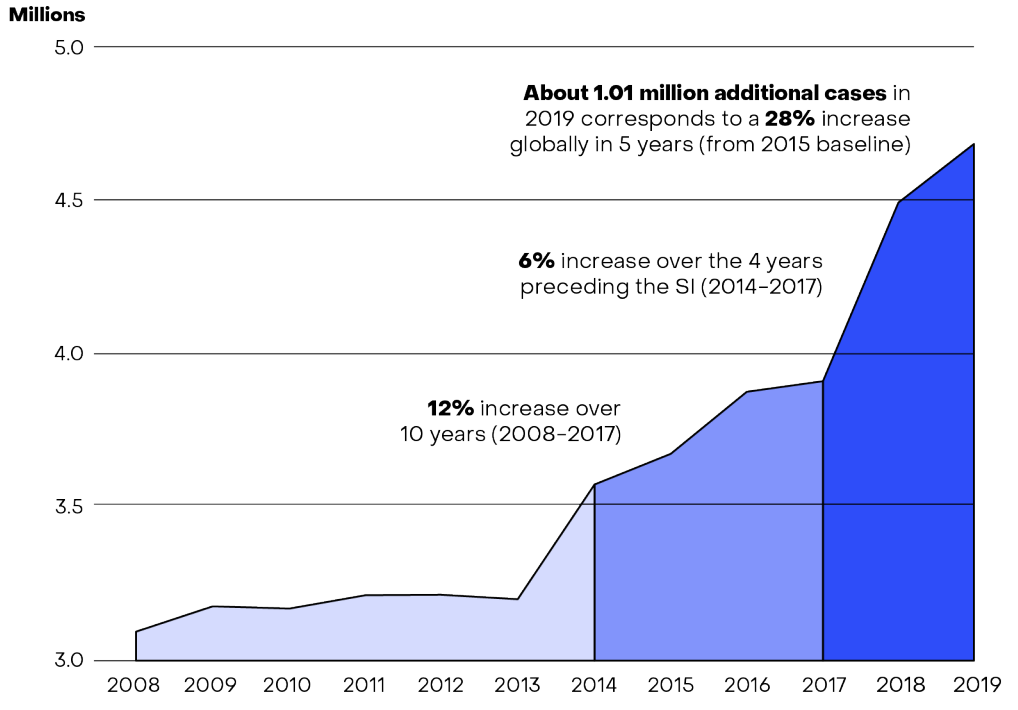


Figure 2: Historical trend in TB case notifications for 13 TB SI countries

Between **2017 and 2018** there has been an increase of 560,000 cases **(9%)** and a projected 360,000 cases **(5%)** between **2018 and 2019**.

This is different from the annual average increase in the last 10 years prior to TB SI **between 2008 and 2017** which was around 80,000 **(12%)**.

The cumulative increase in the 13 SI countries (2015 – 2019) corresponds to about **28%.**

Because of delayed implementation, it was hoped (pre-COVID) to reach 1.5 M target by the end of 2020.

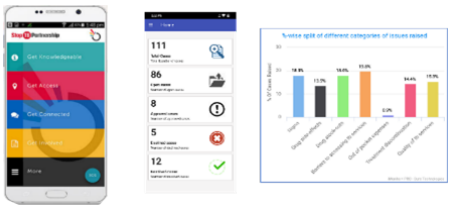
Developing new tools and approaches

Along with the documentation of best practices and South to South collaboration, a range of new tools and approaches were developed and promoted during the first phase. These enhancements strengthened the evidence base and provided an opportunity to build capacity in technical assistance within countries and regions that will be continued into the next phase.

12 country baseline assessments were conducted to better understand the status of the countries' TB burdens—with particular focus on providing a summary and analysis of who the missed people with TB are, why they are missed (barriers), and any related human rights and gender-related issues. The assessments also provided a detailed analysis of the countries' case finding interventions, national guidelines, and data systems.

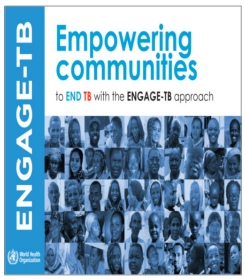
Based on TB REACH, the Global Fund, and other TB case detection initiatives, **a series of 10 Field Guides** of best practices on programmatic approaches to improve case detection were developed to support national TB programmes and partners to design and implement interventions. They were drawn from the practical experiences and expertise of implementers and include topics ranging from how to scale-up interventions to find children with TB, to the role of laboratory systems in TB case detection.

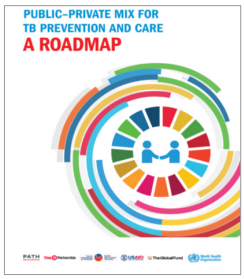
Patient cost surveys were completed in 7 countries (Kenya, Nigeria, Tanzania, DRC, Indonesia, the Philippines, and Myanmar) in order to document the magnitude and main drivers of different types of costs incurred by TB patients and their households. Findings indicated that the direct costs associated with nutritional supplements and additional food, along with the indirect costs associated with time lost seeking care, were among the major costs incurred. The results from the surveys are being utilized by countries to develop better patient-centered service delivery approaches and to guide policies to reduce financial barriers and minimize the economic impact of TB.



Community-based monitoring (CBM) of TB activities in Strategic Initiative countries was strengthened by introducing the **OneImpact digital platform**. This tool engaged TB patients and the affected communities to report the barriers they experienced to strengthen the TB M&E system; improve the responsiveness, the equity, and quality of TB services; as well as hold TB service providers accountable.

A people-centred framework for TB program planning and prioritization was developed to facilitate a systematic approach to country-led, data-driven and people-centred planning, including prioritization and decision-making. During the first phase, the framework was used to support national strategic plan development processes in Cambodia, Ethiopia, Ghana, Indonesia, Uganda, Viet Nam and Kenya. The Global Fund funding application processes in Cameroon and Mozambique were included too.





In order to scale-up community-based case finding, **gap analyses and situation assessments were conducted in 8 ENGAGE-TB focus countries** and a set of actions for increasing case finding were identified.

Countries rolled out a new **Public-Private Mix (PPM) roadmap**, launched by WHO in 2018, and took actions to expand public-private engagement of all care providers towards universal access to care.

Community, Rights, and Gender (CRG) assessments were carried out in 12 countries (except Myanmar) in order to analyze the extent to which national responses to TB (and HIV) took into account the critical aspects of gender equality and human rights. Key results from the assessments revealed a gap in the number of supportive laws and policies that included human rights and gender-transformative considerations (e.g., Philippines and Pakistan), while TB-related stigma was found to be high (e.g., South Africa). Further engagement of vulnerable and marginalized TB key populations in TB policy and programming was also recommended (e.g., Indonesia).

To support community engagement and strengthen partnerships with civil society and community organizations, **Challenge Facility for Civil Society grants** were provided to all 13 countries to support efforts to find missing people with TB, with a focus on special populations. The grants have enabled countries to implement a range of activities, including identifying, screening, and registering at-risk urban poor with TB and linking them to TB treatment and expanding community case finding among key populations.


Photo The Global Fund

The African Regional TB Summit took place from March 4-6, 2019 in Kigali, Rwanda, and was aimed at reviewing progress and challenges, sharing best practices and supporting countries to achieve national and global targets.

Several platforms were developed through the initiative to **document and share best practices**, including a website that hosted country dashboards and learning resources. Quarterly newsletters, e-learning courses, case studies, regional meetings, and workshops also facilitated the sharing of experiences.

3. What's New

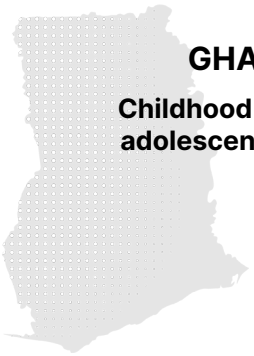
Country-level technical assistance

In the second phase, countries can access direct technical assistance from the Global Fund based on country demand through a technical pool of providers. The latter being identified through a competitive selective process in consultation with implementing technical partners.

DEMOCRATIC REPUBLIC OF CONGO

Program quality improvement

The Democratic Republic of Congo (DRC) is among the first countries to receive support in the new phase of the Global Fund TB Strategic Initiative. The country-level TA currently being provided is based on country demand for support to improve the quality of TB services for increased detection of TB cases in the city of Kinshasa. Utilizing the quality-enhancing approach to TB detection, introduced in 2016 in Tanzania and then duplicated in Kenya and Uganda, the overall objective of this technical assistance is to strengthen the capacity of the National Tuberculosis Programme (NTP). It underlines an aim to increase the detection of TB cases and significantly reduce the gap in missing people with TB. Key activities include quality training of providers, validation of tools and modules, and development of an operational plan.



GHANA

Childhood and adolescent TB

With support from the Global Fund TB Strategic Initiative, the National Tuberculosis Control Programme (NTCP) in Ghana has undertaken an assessment and situational analysis of childhood and adolescent TB. The overall aim of the assessment is to identify gaps and develop recommendations to support the harmonization and integration of:

- child and adolescent TB care within primary health care,
- HIV,
- maternal,
- newborn and child healthcare (MNCH),
- nutrition,
- psychosocial care, and
- other services.

This includes developing an action plan to scale up diagnosis and treatment of paediatric TB at district hospitals and lower-level facilities, as well as updating childhood TB policies and training materials based on the latest WHO guidance and global best practices. The work stream will also involve training of trainers and will establish an appropriate quality assurance mechanism to ensure that the cascaded trainings are executed in a timely and effective manner. Special attention will be paid to developing specific approaches for in-service trainings.

SOUTH AFRICA

Community, rights, and gender and stigma assessment

South Africa's National Department of Health (NDoH) has requested technical assistance from the Global Fund TB Strategic Initiative to conduct a Community, Rights, and Gender (CRG) and Stigma Assessment. The support provided will help to determine legal, human rights, and gender-related enablers and barriers to accessing TB services. It will also help determine the levels and dimensions of internal and external stigma among people diagnosed with TB and will aim to better understand the level of perceived/observed stigma against people diagnosed with TB in communities. Recommendations on strategies to mitigate human rights violations, stigma, and gender-related barriers will be developed, along with a Social and Behavioral Change Communication Strategy.

4. Knowledge Sharing and Learning Resources

CASE STUDY: Active case finding in Burkina Faso—REATB project results

Background

In 2019, TB incidence in Burkina Faso was estimated at 47 (30-67) cases per 100,000, with 3,600 cases of TB missed. In order to reduce the number of missing TB cases, the Ministry of Health—through the National TB Program (NTP)—developed the "Recherche active des cas de TB" (REATB) project. Supported by the Global Fund, the project was implemented in three regions across the country, from October 2019 to December 2020. The main objective was to implement an active case finding (ACF) strategy among TB high-risk populations—including people living with HIV (PLWHIV), household contacts of individuals with TB, and prisoners. The project also aimed to identify evidence-driven innovations to deliver high-quality services and improve efficiency in TB case detection at the health facility level.

Project implementation

The preparatory phase included a study visit to Kenya, participation in a program quality workshop in Tanzania, and a national assessment to identify intervention areas, prioritize populations, and define algorithms. After the preparatory phase, 456 agents (63 staff in prisons, 188 health workers and 205 community health workers) were trained on TB active case finding and quality improvement (QI) methodologies. Following the initial training and orientation, health facility in-charge/supervisors and representatives from the facility were tasked with leading their respective health facilities to follow the implementation of the TB active case finding and QI measures.

Key results

From October 2019 to December 2020, 126 out of 160 centers (79%) implemented the intervention and elaborated monthly reports. This included 70 health facilities (primary health centers, district hospitals, regional and national hospitals); 22 HIV treatment centers; 6 HIV Voluntary and Counseling Centers; 22 TB diagnostic and treatment centers; and 6 prisons. The algorithm consisted of symptom screening, followed by Xpert® MTB/RIF (or sputum smear microscopy in centers without Xpert® MTB/RIF). A total of 506 TB cases were notified in the REATB centers and initiated on treatment (see Table 1).

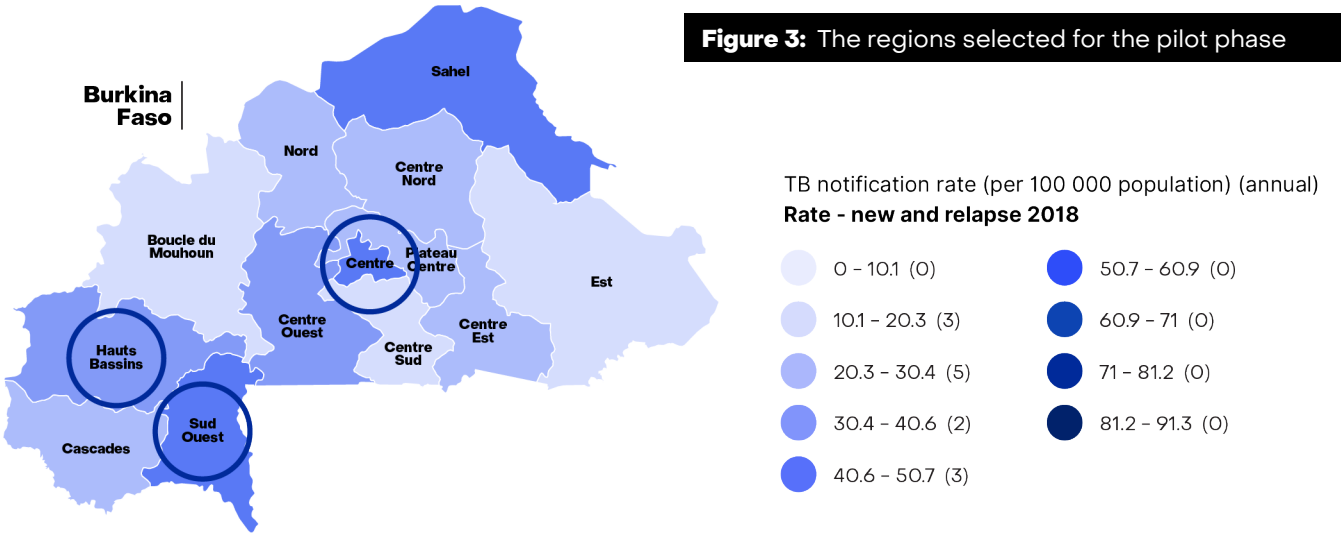


Figure 3: The regions selected for the pilot phase

Table 1: REATB Project Results

Population	Number of people screened	Number of people with presumptive TB identified	Number of people evaluated for TB disease	Number of people diagnosed with TB and initiated on TB treatment	TB case per 100,000
Prisoners (routine)	17,110	1,223 (7%)	1,104 (90.3%)	33	193
Prisoners (mass screening)	1,512	534 (35%)	534 (100%)	9 (1 MDR TB case)	595
Household contacts (including children)	4,215 (581 children < 5)	605 (14%)	483 (80%)	39 (31 adults and 8 children < 5)	925
Health facility clients	193,634	12,646 (6.5%)	3,695 (29%)	312 (196 men and 116 women)	161
PLWHIV	39,131	1,296 (3.3%)	744 (57.4%)	77 (50 men and 27 women)	197
VCT clients	22,126	404 (1.8%)	282 (70%)	36 (23 men and 13 women)	163
TOTAL	**277,728**	**16,708 (5,9%)**	**6,842 (41%)**	**506**	**182**

Compared with the period before the intervention, the "Sud Ouest" region registered a 11.3% increase in TB case detection and the "Centre" region registered an increase of 2.3%. Unfortunately, the "Hauts Bassins" region registered a 3.9% decrease in TB case detection. The rest of the country also reported a decrease in TB notification (-0.7%), mostly due to COVID-19. Notably, the proportion of children younger than 5 years old who were household contacts of people with TB and were eligible for and receiving tuberculosis preventive treatment increased by 25% (from 77% to 96%) in the three intervention regions versus a 7% increase in other regions. Furthermore, the male-to-female ratio of TB cases was 1.7 in REATB centers versus 2.8 nationally (see Figure 4).

Next steps

In its pilot phase, the REATB project has demonstrated measurable successes, resulting in consistent data availability and improvements in active case finding indicators. For example, for the first time, the NTP has useful data on TB among the studied populations. The positive results generated during the pilot have also motivated efforts to roll-out the model nationally during 2021-2023. Although implementation challenges remain, such as limited access to TB diagnostics due to the lack of a fully functional biological samples transport system in the majority of the health facilities, the strategies and approaches applied have proven to be an effective model in implementing and monitoring TB active case finding and improving quality of care. Current plans include scaling-up in 458 health facilities across 67 health districts in order to generate impact on a larger scale.

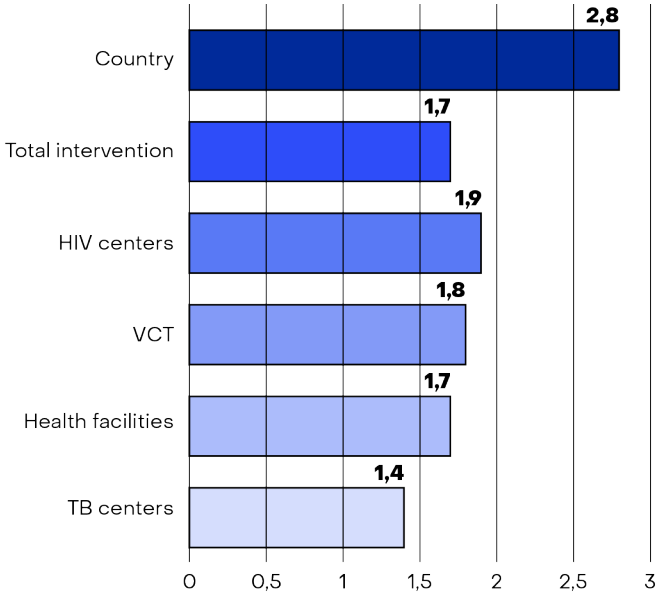


Figure 4: The male-to-female TB ratio in REATB centers versus national data

SUCCESS STORIES: Amplifying the voices of TB affected communities

Developing and adapting a toolkit to reduce self-stigma and shame among TB and MDR-TB patients and TB survivors in Indonesia

In Indonesia, public awareness about TB and the path to cure is low. As a result, TB stigma in health, community, and family settings is high. This limits access to TB services and affects the quality of life for people with TB and TB survivors. A Challenge Facility for Civil Society grant was provided to the country to produce and adapt a TB self-stigma toolkit to reduce TB self-stigma and shame among TB and MDR-TB patients and TB survivors, using a community driven and empowerment approach. Activities included 1) training and supporting local facilitators in Jakarta to deliver the TB self-stigma reduction toolkit; 2) testing the toolkit and soliciting feedback from the TB-affected community; and 3) producing final versions based on the responses from the affected TB community and facilitators. Participants from a workshop designed to test the toolkit reported significant improvement in their knowledge and self-efficacy around self-stigma. They also believed the tools and information delivered during the workshop would be useful within their communities. As the toolkit represents the first integrated resource of its kind in the country addressing self-stigma and shame among people living with TB, disseminating it has been an invaluable way of expanding its reach.

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Empowering communities to lead TB advocacy efforts in the Philippines

Meaningful engagement of communities affected by TB in the TB response is lacking in the Philippines, with community responses largely limited to service delivery. In order to transform the TB response to one that is equitable, rights-based, and people-centered, community driven TB advocacy is urgently needed. A Challenge Facility for Civil Society grant was provided to engage and strengthen the capacities of communities affected by TB, including TB key populations and people living with HIV, in TB advocacy. Key activities included engaging the affected communities and populations and engaging the TB HIV community network in high-level meeting (HLM) activities. As a result of the grant, the "United TB-HIV Advocates Network" was created to unite people from the affected TB community, TB key populations, and people living with HIV to join in sustained TB community-driven advocacy efforts.

Photo The Global Fund / Vincent Becker

5. Voices

"It is time we end TB. The clock is ticking and calls us all to action. It is important to invest more to end TB. DRC is resolutely committed to finding and treating the missing people with TB by implementing innovative approaches. DRC is the first country to receive technical assistance from the Global Fund in the new cycle of the TB Strategic Initiative. I welcome and appreciate the support of the catalytic funds in DRC."

Dr Michel Kaswa Kayomo,
National TB Program Manager, DRC

"In Ghana, 86% of children with TB are missed annually, mainly due to lack of skill and tools to diagnose. The goal of this strategic initiative in finding missing TB cases in children in Ghana is to build the capacity of health workers in 260 district hospitals with support from the Global Fund. It is expected to double the case notification rate in children."

Dr Yaw Adusi Poku,
National TB Program Manager, Ghana

Photo The Global Fund / Nichole Sobecki / Panos

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