



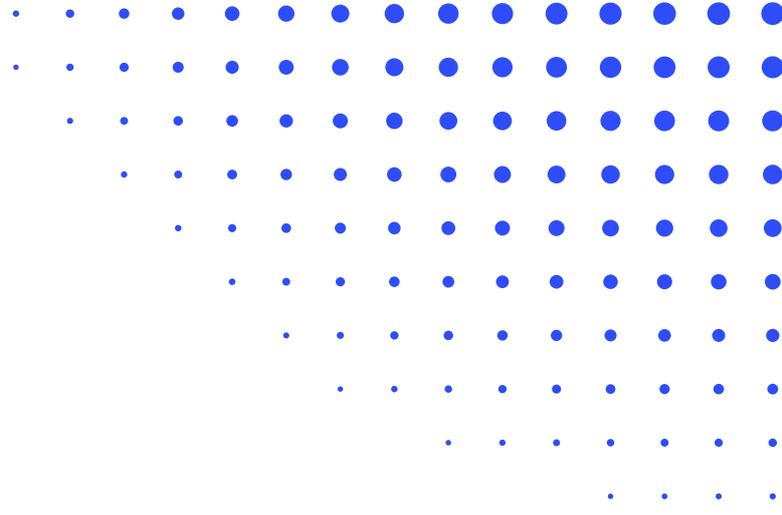
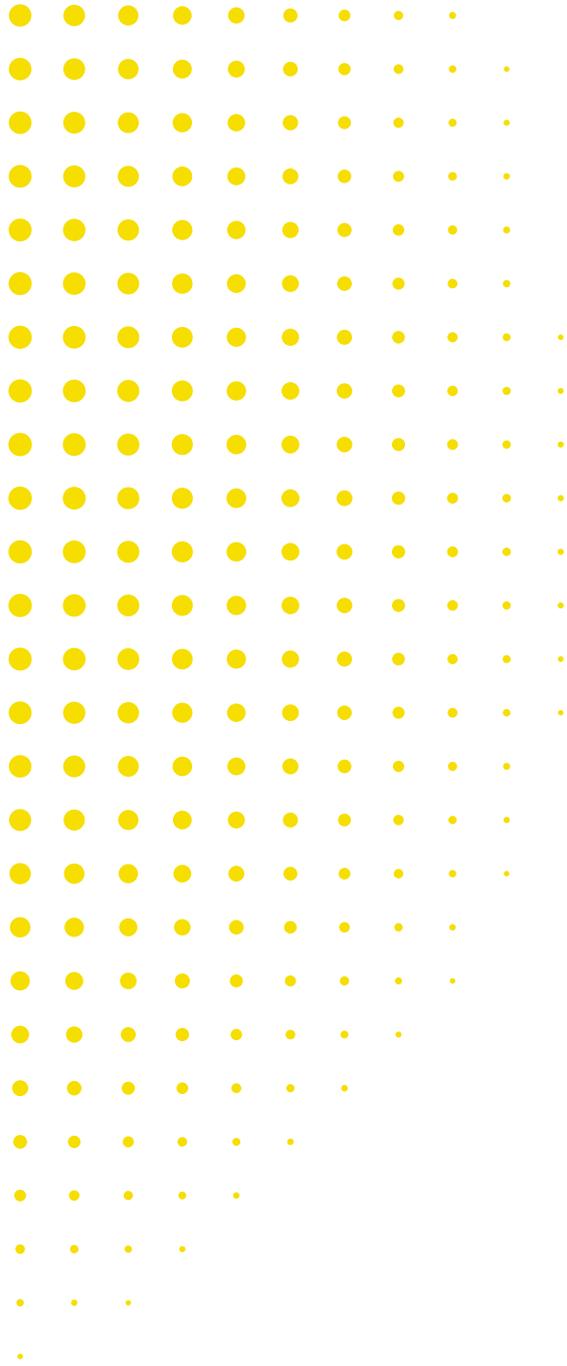
The Global Fund/Jonas Gratzer

The TB Quarterly Update

Innovative Approaches to Finding and Treating Missing People with TB

JULY 2022





Contents

1. What's New	3
2. Knowledge Sharing and Learning Resources	8
3. Other Updates.....	11
4. Voices	12



1. What's New

Community, Rights and Gender (CRG) Webinar

On 10 June 2022, the Stop TB Partnership, in collaboration with the Global Fund and the World Health Organization (WHO), held a webinar on communities, rights and gender (CRG) as part of the Global Fund TB Strategic Initiative (TB SI) highlighting the role of civil societies and communities in supporting national TB programs to find the missing people with TB.

Specifically, the event aimed to sensitize and orient country partners on CRG tools, evidence and country experiences, including the [Stop TB partnership CRG tools](#) and the most recent [WHO policy and guidance on community engagement](#), human rights, ethics and social protection. The webinar also provided an opportunity for country partners to share experiences from the utilization of tools to identify, mitigate and overcome CRG barriers at the country level to find the missing people affected by TB and strengthen national TB responses.

Operationalizing Communities, Rights and Gender (CRG) to Find the Missing People with TB



FRIDAY 10 JUNE 1PM-2:30PM CEST

Stop TB Partnership

www.stoptb.org

World Health Organization

THE GLOBAL FUND

Stop TB Partnership

Replenishment Update

G20 Health Ministers Meeting

The Ministry of Health of the Republic of Indonesia hosted the first G20 Health Ministers Meeting on 20 June 2022 in Yogyakarta, Indonesia. The meeting,

which was attended by G20 member countries, international organizations and other partners, was held to discuss ways to strengthen global health systems. In his keynote address at the G20 Health Ministers Meeting and his remarks at the Side Event on Tuberculosis: “One Health, and Antimicrobial Resistance”, Peter Sands, Executive Director of the Global Fund, emphasized the need to synergize investments to strengthen pandemic preparedness and investments to fight existing infectious diseases. He also urged members to step up and support the Global Fund’s Seventh Replenishment to increase investments in resilient health systems, accelerate progress against HIV, TB and malaria and save millions more lives. The Global Fund’s Seventh Replenishment Pledging Conference will be hosted in New York City on 19-21 September 2022.

Maintaining lifesaving HIV and TB services in Ukraine

The ongoing conflict in Ukraine has left more than 14 million people internally displaced or has forced them to flee to neighboring countries. Refugees and displaced people often lack access to health care and treatment has been disrupted for many patients with HIV and TB due to damaged or destroyed health facilities. In March 2022, the Global Fund approved US\$15 million in emergency funding to support the continuity of HIV and TB prevention, testing and treatment services in Ukraine. Partners on the ground have been working tirelessly to strengthen health service delivery and community systems and ensure people affected by the crisis have ongoing access to care. Find out more about the Global Fund’s critical investments in Ukraine [here](#).

Tackling adolescent drug-resistant tuberculosis in Papua New Guinea

Papua New Guinea is one of the world’s 30 high-burden TB and multidrug-resistant TB (MDR-TB) countries, and nearly one in four of the country’s notified TB patients were children according to 2020

data. Francis, a twelve-year old boy who lives in the country's Central province, was diagnosed with TB when he was only five years old. In 2020, six years later, Francis was diagnosed with MDR-TB. After a four-month hospital stay, he was eventually put on an all-oral medication plan at home. However, his new treatment plan required monthly visits to a hospital in the capital and his family struggled to cover the transportation costs. Fortunately, Francis and his family were connected to HOPE Worldwide Papua New Guinea, an organization that receives funding from the Global Fund to strengthen the national TB program. The organization provided Francis and his family with support to pay for their transportation costs to and from the hospital, vouchers to purchase food and health care advice. These efforts have paid off. In February 2022, 18 months after his diagnosis, Francis received good news: his treatment was complete and he was told that he didn't have to return to the hospital for the next six months. Learn more about Francis' heroic fight against MDR-TB and how the Global Fund, together with donors, has been working to strengthen Papua New Guinea's national TB program [here](#).

Rapid Communication Updates from WHO

Rapid communication on key changes to the treatment of drug-resistant tuberculosis (DR-TB)

To support countries in responding to the challenges of TB and DR-TB, the WHO Global Tuberculosis Program regularly issues evidence-based guidelines using the internationally accepted approach to assessment of scientific evidence. A Guideline Development Group was convened by WHO in February to March 2022 to review the new evidence on the treatment of DR-TB that became available to WHO through national TB programs (NTPs), researchers and technical partners, and also from a WHO public call for data issued in June 2021. The details of the regimens included in the review are available in this [rapid communication](#) released by

the WHO Global Tuberculosis Program announcing updates to the guidance on the treatment of DR-TB. These updates include shorter novel six-month all-oral regimens (BPaLM/BPaL) for the treatment of multidrug- and rifampicin-resistant TB (MDR/RR-TB), with or without additional resistance to fluoroquinolones (pre-XDR-TB), and an alternative nine-month all-oral regimen for the treatment of MDR/RR-TB. The rapid communication is released in advance of updated WHO consolidated guidelines expected later in 2022 to inform national TB programs and other stakeholders of key changes in the treatment of DR-TB and to allow rapid transition and planning at the country level. The Global Fund supports these changes and issued a brief note to inform countries and country teams about the plan for transition to the new regimen.

Rapid communication on TB antigen-based skin tests for the diagnosis of TB infection

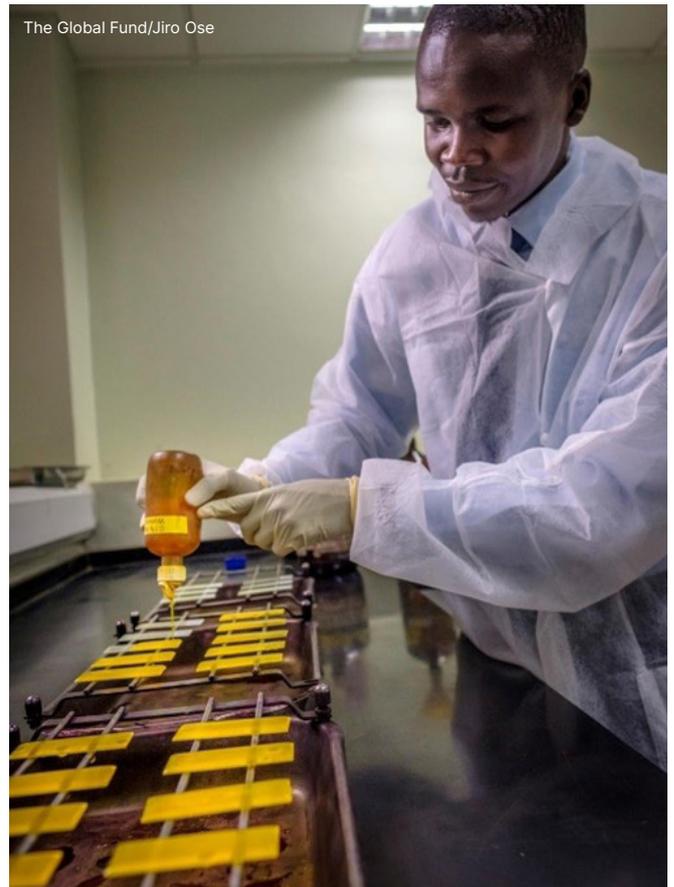
On 4 April 2022, WHO issued a [rapid communication](#) on tuberculosis antigen-based skin tests (TBST), a new class of tests to diagnose TB infection. The new TBST class of tests were assessed and found to be as sensitive as tuberculin skin tests (TST) and interferon-gamma release assays (IGRA), making them suitable alternatives. The specificity was similar to that of interferon-gamma release assay (IGRA) and better than that of TST, particularly in populations with prior BCG vaccination history, which could potentially reduce false-positive diagnoses of TB infection in settings using TST. No safety signal was identified for the class of tests; however, regulatory evaluation for the individual products is essential before these in vivo tests are introduced. TBST implementation is expected to require some adaptation where TST is already used. Also, TBST would be cost-saving in many settings relative to TST and IGRA. No evidence was identified on the predictive value for progression to TB disease of the tests or the efficacy of TPT based on diagnostic test results; further research to address these gaps is needed, including a comparison to TST and IGRA. The guidelines will be issued in the third quarter of 2022.

The Global Fund Data Strategic Initiative Update

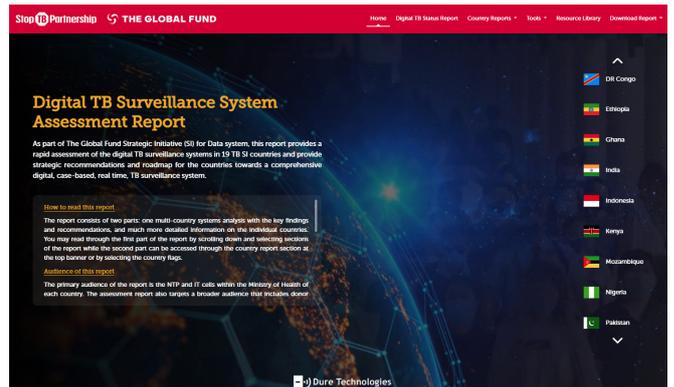
Release of a new digital TB case-based surveillance system assessment report

The Global Fund Data Strategic Initiative (Data SI) aims to catalyze the improvement of monitoring and evaluation systems in countries, and the collection, collation, analysis and use of such data for decision-making and quality improvement. As part of this effort, the Stop TB Partnership, as a partner implementing the SI, conducted a rapid virtual assessment of the real-time digital case-based surveillance systems in 19 TB SI priority countries. The [Digital TB Surveillance System Assessment Report](#) was launched in May 2022 and provides an overview of the digital TB surveillance systems in 19 TB SI countries. The assessment was conducted to understand: the timeliness of data availability, the use and coverage of digital tools, the granularity of data, the use of the information for surveillance and action and the system to develop, maintain, integrate and innovate such tools with adequate data security measures. Key findings and country-specific recommendations from the report provide a roadmap for the countries towards a comprehensive, digital, case-based, real-time TB surveillance system as a critical approach to ending TB.

As next steps, national governments, NTPs and partners should triangulate the information in the report alongside other related reports, with an eye towards addressing identified challenges, implementing recommendations and developing future strategic planning documents. Technical, financial and advocacy resources are also available through the Global Fund country grants and strategic initiatives (i.e., DATA SI, TB SI) to support countries in strengthening their real-time TB surveillance systems.



Ocung Guido, 31 Lab scientist, dyes specimens at the National TB Reference Lab in Kampala 4 June 2018.



Country-level Technical Assistance

1. TANZANIA

Developing a costed multisectoral CRG monitoring and evaluation framework



In 2020, Tanzania developed a National TB Response CRG Operational Plan based on the TB CRG Assessment findings and recommendations. In collaboration with multiple TB actors, the country also initiated a review of the National Community TB Care Guidelines to incorporate CRG concepts and standards. The draft National CRG Implementation Guide for TB Response is currently under further review and is expected to be the blueprint for implementation of rights-based and gender-responsive community system strengthening activities, as articulated in the National TB Program Strategic Plan. However, insufficient CRG-related performance indicators undermine effective processes to monitor CRG investments and the ability of program stakeholders to generate strategic information to improve program effectiveness. To address this gap, the country has requested catalytic support from the Global Fund TB Strategic Initiative to develop a costed multisectoral CRG Monitoring and Evaluation Framework and Matrix in alignment with the National CRG Implementation Guide for TB services.

2. UGANDA

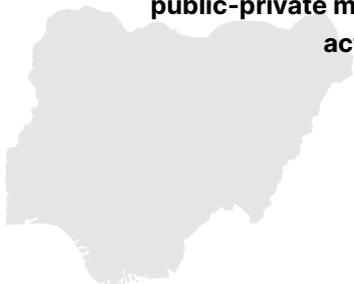
Conducting a gender assessment



As part of the 2021-2023 grant development process, the Global Fund Technical Review Panel (TRP) found that Uganda had not carried out sufficient analysis of gender barriers to TB care and recommended that they conduct a gender assessment to enable the program to understand these barriers and identify gender-responsive interventions. Based on this recommendation, and with support from Stop TB Partnership, the country is undertaking a CRG assessment with special focus on gender in key and vulnerable populations.

3. NIGERIA

Developing a national public-private mix (PPM) action plan



According to the [WHO Global TB Report \(2020\)](#), Nigeria is among the 10 high burden countries for TB, TB/HIV and MDR-TB and the 10 countries that accounted for 80% of missing TB cases globally. It is essential to engage all health providers through public-private mix (PPM) approaches to reach people with TB who miss out on access to quality care either due to under-diagnosis or under-reporting. These gaps are more pronounced in the private health care sector and the large proportion of public health providers who are not linked to the National Tuberculosis and Leprosy Control Programme (NTBLCP). The private sector contributed 26% of case notifications in 2020 and the significant role they played during the COVID-19 pandemic led to a 15% increase in TB notification from 2019 to 2020. The NTBLCP is now implementing the National Strategic Plan 2021-2025, which relies heavily on PPM to close the gap in the missing persons with TB. In addition, the Programme recently updated the guidelines for implementing and scaling up PPM in all states. To facilitate alignment of PPM activities to the new NSP, the NTBLCP plans to develop a National PPM Action Plan 2021-2025, which will guide TB response and control in the private sector, taking into account the lessons learned from implementing the 2018-2020 PPM Action Plan.

4. PAKISTAN

Integrating TB care with primary health care to enhance pediatric TB case notification and care



According to data from the National TB Programme (NTP) and the Federal Bureau of Statistics Pakistan, the country's childhood TB case notification has been disproportionately low compared to the population of children aged 0-14 (13% versus 43%). This gap has been attributed to many factors, including an overall decline in TB case notification, underreporting of childhood TB cases, low adherence to the diagnostic algorithm for childhood TB and, most importantly, lack of an operational integrated mechanism with different public health programs within primary health services (e.g., MNCH, nutrition) and at primary health care level. With support from the TB SI, the NTP aims to develop national guidelines for integrated management of childhood TB and implement an innovative model for childhood TB care.

5. INDONESIA

Evaluating the PPM approach



Indonesia is among the countries with the highest incidence of TB burden and is ranked third globally after India and China. In 2020, it was estimated that there were 824,000 new and relapsed TB cases per year, while only 47% of estimated cases were reported to the National Tuberculosis Program (NTP). The gaps in estimated and reported TB cases remain high, at above 30% in 2017-2019. The contribution of health facilities to TB cases is reported primarily by public health care providers. Just over half (51%) of private hospitals and 1% of private general practitioners (GP) and clinics reported TB cases. The country currently implements the PPM approach using three different models: Global Fund-supported, USAID-supported, and the basic model. An evaluation of private sector engagement conducted in 2020 made several recommendations to improve and expand the initiative. Therefore, the country seeks technical assistance to evaluate the process and outcome of PPM interventions at district, province and national levels. This will include analyzing progress towards achievement of PPM indicators, assessing the effectiveness of technical assistance on PPM implementation (primarily through USAID and the Global Fund) and comparing existing PPM models with the aim of providing a PPM model recommendation for future implementation.

2. Knowledge Sharing and Learning Resources

UPDATE: Quality Improvement (QI) in TB Case Finding in Tanzania

Tanzania is ranked among the 30 high TB burden countries. Despite significant challenges, the country has made steady progress in improving the quality and efficiency of its TB case finding. A recent paper published in the journal *Tropical Medicine and Infectious Disease* summarizes the results from an evaluation on the effectiveness of a quality improvement (QI) initiative implemented by the National Tuberculosis and Leprosy Programme. The QI initiative was introduced in Tanzania in 2016 to enhance TB case-finding at the health facility level. It was implemented in 30 health facilities across six regions and included four evidence-based approaches, a QI toolkit guide, a training package, a national QI model team, data collection tools and job aids. The study examines data from 20 facilities

in the Dodoma region, which were randomly divided into intervention or control groups (10 intervention and 10 control facilities). The routine data used were collected from program registers on the number of TB case notifications per quarter from January 2016 to June 2017.

Results from the evaluation indicate increases in quarterly TB case notification in 9 out of 10 intervention sites, with no positive changes in the “control facilities”, and half of them registering a decrease in TB case notification from the baseline. These findings suggest that the approaches utilized in Tanzania have the potential to improve TB case detection and support a long-term comprehensive approach to address TB control. Read more about Tanzania’s innovative QI approach and the results of the evaluation [here](#).

CASE STUDY: Fighting against TB in Security-Challenged Areas (ZADS) in Burkina Faso

Background

Since 2015, Burkina Faso has been facing a security crisis related to terrorist attacks, which has resulted in a serious humanitarian crisis marked by a significant increase in the number of internally displaced persons (IDPs). Populations in security-challenged areas (ZADS) have a high level of mobility, unfavorable living conditions (overcrowding, poor nutritional status, psychological stress) and reduced access to health services, making them more vulnerable to HIV, TB and malaria. Recent estimates as of 30 April 2022 indicate that the number of IDPs has rapidly increased to 1,902,150. The COVID-19 pandemic has only contributed to a spike in numbers. This dire situation has put a strain on the health system’s ability to properly deliver various health

services to the population. In the affected areas, 185 health centers were closed and 354 operated with minimal services, affecting more than two million people.

Implementation

With support from the TB SI, the National TB Program recruited two consultants to validate and implement simplified strategies and procedures to fight against TB in the seven regions currently affected by security problems: Sahel, Centre-Nord, Nord, Boucle du Mouhoun, Cascades, Centre-Est, and Est. The process included 15 key informant interviews and a five-day workshop with 30 participants from the NTP, local and international partners (i.e., WHO, *Centre des Opérations de Réponse aux Urgences Sanitaires*, *Institut National de Santé Publique*, etc.) to better understand the situation and the most effective strategies.

Figure 1: Security issues in Burkina Faso

Source: French Ministry for Europe and Foreign Affairs, Crisis and Support Centre

- Formal advisory to avoid all travel
- Avoid non-essential travel
- Exercise a high degree of caution
- Take normal security precautions



Results

A national document on simplified strategies and procedures to fight against TB in the security challenged areas was validated at the end of 2021, with the costed budget plan validated in March 2022. The document included a situational analysis on TB in the ZADS; strategies and simplified procedures in the ZADS on TB prevention, TB detection, TB treatment and coordination and TB monitoring and evaluation; and a minimal package of activities tailored to the security level.

The TB situational analysis in the affected security areas showed that TB notification rates varied little during the period (2016-2020); however, they were lower in the ZADS regions compared to the other regions (Figure 2). Figure 3 shows the difference in the TB cases between the TB centers more affected

by security problems versus those less affected by security problems in the seven regions, while Figure 4 compares the TB treatment success rate in the TB centers affected and not affected. In particular, the percentage of the lost to follow up patients increased to 12.7 in the TB centers more affected compared with 6.9 at the national level in 2020. The strategies applied in this intervention were particularly innovative in that they:

- Also increased community involvement (e.g., through sputum samples collection and transportation, integration of TB screening and care in health posts, mobile clinics and IDPs camps).
- Utilized information and communication technologies (ICT).
- Simplified protocols on sputum collection and controls.

Figure 2: Tuberculosis notification rate (new and relapses cases) in the regions affected by security risks versus not affected areas

Source: The National TB Program

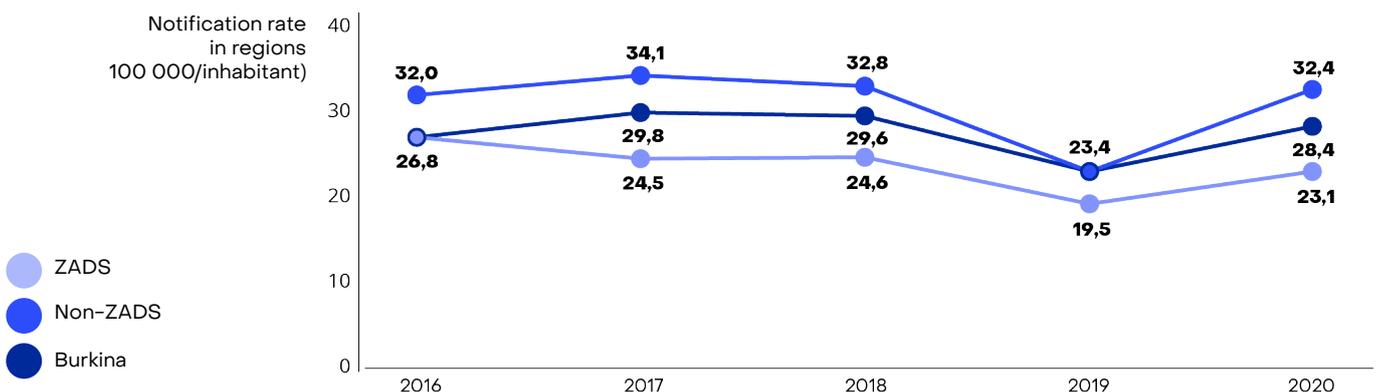


Figure 3: Number of TB cases (new and relapses cases) in TB centers affected by security risks versus not affected areas

Source: The National TB Program

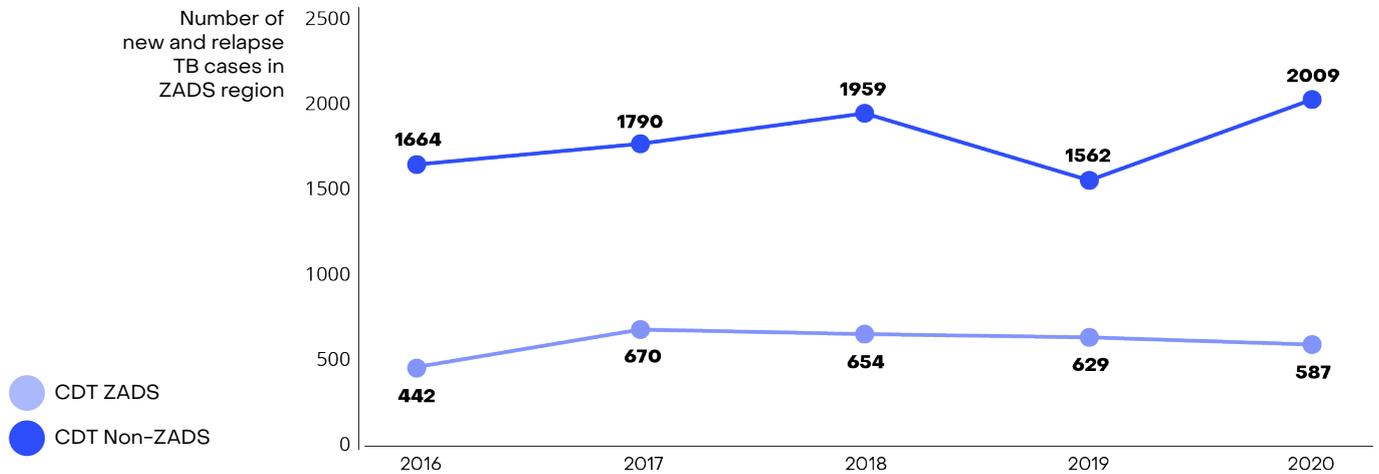
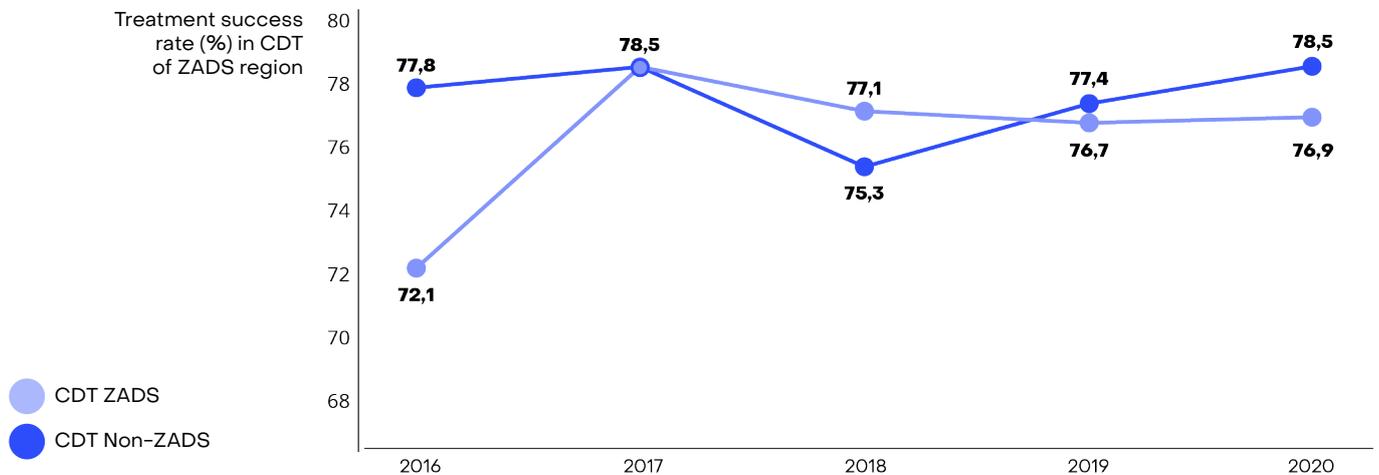


Figure 4: TB treatment success rate in TB centers affected by security risks versus not affected areas

Source: The National TB Program



Lessons learned and next steps

Simplified strategies and guidelines on the prevention, screening/diagnosis, care/treatment and management of TB have been selected for the improvement of TB indicators in the insecure areas. However, the TB budget is not sufficient to finance the costed action plan and thus it is necessary to appeal to the government and its partners and advocate for

additional resources. Furthermore, as these insecure zones are large in area and scale, simplified strategies and guidelines should be integrated into a global contingency operational plan on "priority diseases" such as TB, HIV and malaria. Next steps include finalizing an integrated costed contingency plan to combine efforts around HIV, TB and malaria and effectively control the three diseases – especially in security-challenged areas.

3. Other Updates

Ending Workplace TB (EWTB)

Ending Workplace TB (EWTB) is a coalition of multinational companies dedicated to strengthening TB care and prevention in their workplaces, supply chains and communities. It was founded at Davos in 2020 by the Global Fund, the World Economic Forum, Johnson & Johnson, the Stop TB Partnership, Royal Philips and others. It currently counts nearly thirty multinational companies as members, covering over two million employees.

EWTB focuses on impact in two ways:

- By building a community of practice to share expertise and ideas for improving TB, and general respiratory pathogen, care and prevention in workplaces.
- By working to strengthen the 'enabling environment' for workplace health such as by pushing for improvements to occupational health legislation, or for ESG investors to recognize the importance of pandemic resilience.

A doctor shows Oleg Chutvatov, who receives treatment for tuberculosis at the TB hospital in Kharkiv, an x-ray photo of his lungs.

Business leaders meet at Davos to discuss the role of the private sector in case-finding

Johnson & Johnson and the Global Fund convened a special session at the World Economic Forum's recent Davos meeting in 2022, bringing together executives from across the business sector to discuss the role that companies can play in fighting infectious diseases, particularly through enhanced case finding. The session was held under the auspices of the joint Ending Workplace TB (EWTB) initiative, which aims to catalyse the power of the private sector to strengthen TB care and prevention in their workforces, supply chains and communities. Comments focused on the role that companies can play in education around symptoms and treatments, in helping to tackle prejudice and discrimination around health status, in providing access to screening and in broader community-level campaigning. Since the event, more than a dozen new companies have begun discussions with EWTB regarding membership as the network continues to enhance its efforts to reach more people with TB care and prevention. In addition, the platform recently published a report that maps potential workplace TB interventions against a number of widely used ESG and sustainability reporting frameworks. Find out more at <https://www.ewtb.org/>



4. Voices

“As partners in this fight, we at Stop TB partnership know that we can achieve the end TB goals. We need commitment and financial resources to properly deploy and implement a comprehensive TB response package to win the age-old struggle against tuberculosis.”



Dr. Lucica Ditiu,
Executive Director,
Stop TB Partnership, hosted by UNOPS

“Up-to-date WHO guidelines based on the latest evidence are essential to improve quality of TB care and outcomes of treatment for people ill with TB. The rapid communications on new options for testing for TB infection and on shorter all-oral regimens for drug-resistant TB have been released in advance by WHO to help countries to prepare for implementation of these new tools. Global Fund support, notably through its catalytic financing mechanisms, continues to play an important role in facilitating uptake and implementation of these guidelines to enable access to high quality care and prevention services for people with TB.”



Dr Tereza Kasaeva,
Director, Global Tuberculosis Programme,
World Health Organization

“In 2020, the Ministry of Public Health of Niger created a Multisectoral National Committee for the fight against TB. In June 2022, the NTP made a presentation to parliamentarians during a session of the National Assembly of Niger. A roadmap was defined at the end of the meeting, in particular to increase domestic funds to fight TB, community awareness on TB and to support the NTP develop a law to protect TB patients. We believe that this support, together with the activities to intensify the search for TB missing people funded by the Global Fund, will allow the NTP to meet its objectives.”



Dr Soumana Alphazazi,
Coordinator,
National Tuberculosis Programme (NTP), Niger



The Global Fund/Atul Loke/Panos

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.

