The TB Quarterly Update
Innovations

MAY 2026

THE GLOBAL FUND

Contents

About the TB Quarterly Update

The TB Quarterly Update is produced by the TB team at the Global Fund to share best practices, lessons learned and information from countries supported by the Global Fund, partners and other stakeholders, as well as updates on new innovations and tools coming onto market. If you have any information you would like to share, please reach out to TBQuarterly.Update@theglobalfund.org.

Cover photo: 9-year-old Akbar takes his medicine at his home in Tetelan, a rural village in East Java, Indonesia. Akbar fell ill with drug-sensitive TB. He began treatment and his condition started to improve.
The Global Fund / Vincent Becker

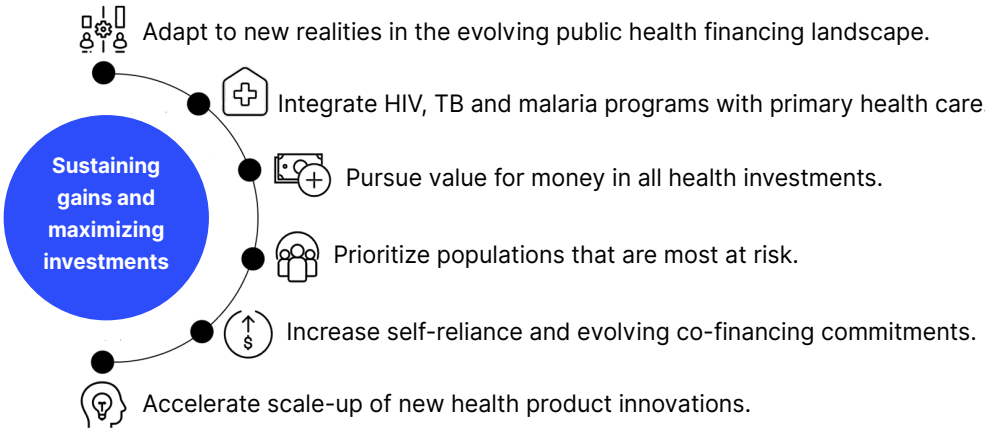
1. What's New

Grant Cycle 8 priorities for investments in TB

The Global Fund has introduced strategic shifts in Grant Cycle 8 (GC8) to adapt to new public health financing realities and maximize investments. The shifts emphasize integration, innovations and value for money with the aim of creating greater pathways to self-reliance and sustainability (Box 1). Considerations have been made for key and vulnerable populations including people in fragile and conflict-affected settings, people affected by extreme weather events and climate impacts on food security and livelihoods. Updated TB prioritization guidance categorizes

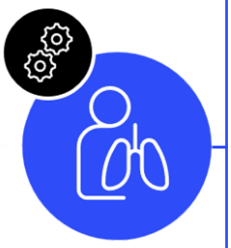
Box 1

CG8 strategic shifts: on the path to self-reliance



Box 2

Examples of the Global Fund's TB investment approach with TB screening and diagnosis (not exhaustive)



Priorities for Global Fund investments

- Implement screening and diagnostic algorithms that are sensitive, accurate and efficient, such as CXR with CAD/AI for TB screening, rapid molecular test as the initial test for TB.
- Prepare for introduction and scale-up of new tools including near-point-of-care tests and alternative sampling techniques recommended by WHO.
- Intensify screening and testing for TB in health facilities, including quality improvement.
- Integrate TB services into essential healthcare packages and systems.
- Implement targeted active case finding focused on key and vulnerable populations.

Lower priority for Global Fund investments

- Limit the use of sputum microscopy to monitor treatment progress rather than for TB diagnosis.
- Limit mass chest camps among the general population or untargeted active case finding interventions, particularly those that have not demonstrated the expected yield of TB cases.

Optimization, efficiency and other considerations

- Consider mapping and targeting high-risk groups and geographic areas with high incidence ("hotspots") using available data, including vulnerability index.
- Consider options to optimize the use of test cartridges, such as pooling of sputum samples for mWRD tests and upfront use of x-rays (with CAD) for TB screening.

interventions into higher and lower priority, and offers a third category of options for optimization and programmatic efficiency (Box 2). The prioritization guidance also includes new recommendations issued by the World Health Organization (WHO) on near point-of-care tests (NPOC), tongue swabs and sputum pooling for TB. More information about those recommendations is available on the WHO website.

Updated WHO guidelines on TB diagnosis

WHO recently updated its policy guidance on TB diagnosis to support countries to strengthen TB detection and drug resistance testing. The updated guidelines recommend new tests, sample types and strategies for the initial diagnosis of TB with and without drug resistance detection.

Specifically, the new guidelines recommend:

- **A new class of near point-of-care nucleic acid amplification tests (NPOC-NAATs)** for the initial detection of TB without rifampicin resistance at peripheral levels of the health system (i.e., peripheral laboratories, primary health care centers and communities) and at lower unit costs than other molecular test and instrument types.
- **Tongue swabs** as new, readily available and easy-to-collect specimens for use with NPOC-NAATs and low-complexity automated NAATs (LC-aNAATs) for the initial detection of TB with and without rifampicin resistance among adults and adolescents that are unable to produce sputum.
- **Pooling of sputa as a diagnostic strategy** for the initial detection of TB and rifampicin resistance using LC-aNAATs with the potential to improve turnaround times and costs when resources are constrained.

The complete policy for the diagnosis of TB and drug-resistant TB will be released later this year. Updated guidelines will be accompanied by an operational handbook, and a toolkit has been developed to facilitate implementation. A series of WHO and partner organizations' webinars for different regions and audiences is also planned. More information is available on the WHO website.

2. Knowledge Sharing and Learning Resources

CASE STUDY: Developing global training resources to strengthen childhood and adolescent TB management skills

Context

National TB programs (NTPs) have identified the need for structured, sustainable capacity-building interventions to strengthen prevention, diagnosis, treatment and programmatic management of child and adolescent TB in line with WHO recommendations. The International Union Against Tuberculosis and Lung Disease (The Union) developed the first edition of its online training on child and adolescent TB for health care workers ten years ago. The training was an open-access online learning resource that allowed individuals to work asynchronously and independently. The content included case studies, discussion sessions and knowledge evaluations. The modules were downloadable and supported by manuals for participants and facilitators to allow adaptation for groups or in-person training. The training materials were updated in 2021 and 2022 to ensure alignment with the then new WHO guidance on child and adolescent TB management. In 2024, the materials were improved and developed into an in-person pilot Training of Trainers (ToT) course (see below), reflecting current guidance and application to an in-person training context.

Implementation

From August 2024 to December 2025, the Union developed a comprehensive eight-module training curriculum on the management of child and adolescent TB, in close collaboration with the Lesotho National TB and Leprosy Programme (NTLP), the U.S. Centers for Disease Control and Prevention (CDC) and the Global Fund as an Advisory Committee member organization. The training curriculum was designed with a team of subject matter and pedagogy experts for global adaptation and scale-up across TB high-burden countries, particularly in low-resource settings.

Box 3

Online course on the management of child and adolescent TB

Module 1: Epidemiology
Module 2: Diagnosis
Module 3: Treatment
Module 4: Prevention
Module 5: Treatment support
Module 6: Models of care
Module 7: Recording and reporting
Module 8: Role of the NTLP

In August 2024, a structured four-day ToT on the management of child and adolescent TB was piloted in Maseru, Lesotho, in collaboration with the NTLP. The in-person ToT gathered 24 participants from Lesotho and 21 participants from ten other member countries of the Sub-Saharan Africa Regional Child and Adolescent TB Centre of Excellence[1] (see Lesotho case study). Participants included health care workers, NTLP staff, technical working group members, child TB focal points, training officers, paediatricians, TB coordinators, health information specialists, laboratory and radiology staff and other health care providers. The ToT was delivered through a standardized, competency-based curriculum with the explicit objective of enabling quality cascade training at sub-national and facility levels.

The training approach combined:

- Interactive lectures aligned with current normative guidance.
- Case-based learning, role-plays and facilitated group discussions.
- A TeachBack training methodology that required participants to learn or refresh and deliver assigned modules and activities to peers.
- Structured feedback mechanisms, including pre- and post-training assessments.

[1] The countries represented were Cameroon, Eswatini, Ethiopia, Kenya, Lesotho, Mozambique, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe.

Training materials were designed for adaptation to national guidelines and local epidemiology to support scale-up through routine NTP systems. Different feedback forms for discussions, lectures and role-plays were used. This approach enhanced training skills, provided hands-on experience in training facilitation and reinforced learning through active participation.

Results

Among the key results from the pilot, participants strengthened their technical and training capacity and improved confidence in the diagnosis, treatment, prevention and reporting of child and adolescent TB. The pilot also resulted in a cohort of facilitators to deliver cascade trainings and action plans for post-training implementation and follow-up.

Lessons learned and next steps

The intervention applied a trainer-centered capacity-building model rather than a one-off training approach to ensure long-term impact, while the modular design, integration of adult learning principles and emphasis on programmatic alignment enhanced sustainability and country ownership. Other lessons learned included the need for adequate preparation time for effective implementation of the TeachBack model; early alignment with national guidelines and NTLP leadership for successful adaptation and uptake; and strong facilitation and logistical planning to maintain training quality and fidelity.

Next steps for each of the Centre of Excellence members include support and cascade trainings at sub-national and facility levels; post-training mentorship and supportive supervision; integration of the curriculum into routine NTP training plans; and monitoring of the impact of training on TB case detection, treatment initiation and reporting among children and adolescents. The Union and the U.S. CDC revised the training materials, including the facilitator's manual, to incorporate feedback from the pilot training and the training curriculum is now available online.

As of December 2025, a total of 339 learners had registered for the online training from Kenya, India, Indonesia, Malawi, Nigeria, Philippines, South Africa, Sierra Leone, United States and Zimbabwe. To date, 294 learners have started their online training.

Participants at the pilot training held in Maseru, Lesotho.

One of the presenters during the cascade training in Lesotho.

One of the participants sharing feedback with the presenter.

CASE STUDY: Empowering health care workers to combat childhood tuberculosis in Lesotho

Context

Childhood TB remains underdiagnosed and underreported globally, particularly in high-burden countries such as Lesotho. Limited clinical confidence among health care workers, diagnostic challenges and gaps in prevention and treatment contribute to missed opportunities for early detection and care. Strengthening health care workers' capacity is therefore critical to improving childhood TB outcomes and advancing national TB targets. In Lesotho, an intervention was launched to provide targeted training and mentorship of health care workers involved in TB service delivery. The project focused on equipping frontline providers with practical knowledge and skills to improve child and adolescent TB prevention, diagnosis, treatment and follow-up within routine health services.

Implementation

In August 2024, the Union—in collaboration with the U.S. CDC, the Ministry of Health and national TB stakeholders, and technical guidance from the Global Fund—conducted an initial four-day training session for 45 health care workers (see previous case study). Following the pilot training, the Lesotho NTLP cascaded the training to 240 health care workers, including child TB focal points, training officers, pediatricians, TB coordinators, health information specialists, laboratory technicians and radiologists from five of Lesotho's ten districts. The approach combined classroom-based learning with practical case discussions, mentorship and alignment with national TB guidelines.

The training placed health care workers at the center of childhood TB innovation by:

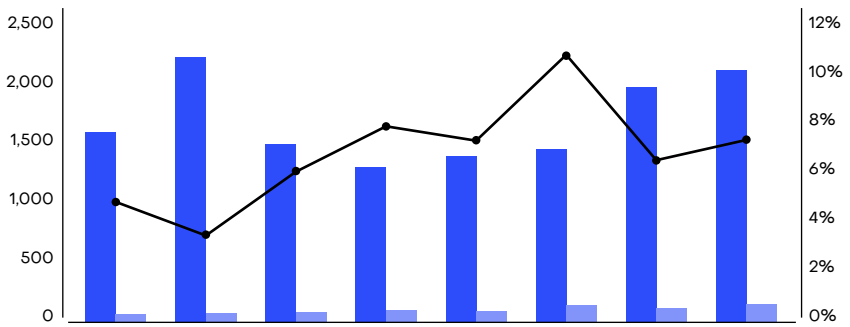
- Focusing specifically on child and adolescent TB, an often-neglected area within TB programs.
- Strengthening confidence and decision-making among providers, rather than relying solely on new technologies or tools.
- Embedding learning within existing health system structures, supporting sustainability and scalability.
- Emphasizing real-world challenges faced by providers in diagnosing and managing TB in children and adolescents.

Results

Key results from the project show improved knowledge and confidence among health care workers in identifying, diagnosing and managing childhood TB. For example, the number of cases notified among children increased from 350 cases in 2024 to 546 cases in 2025, an increase of 56% (Figure 1). The intervention also strengthened alignment of clinical practice with national TB guidelines and shows the potential for improved case detection among children and adolescents, contributing to national TB program goals.

Figure 1: Childhood TB notifications in Lesotho 2024-2025

Source: National Tuberculosis and Leprosy Programme



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total notified	1,597	2,228	1,494	1,308	1,400	1,456	1,980	2,122
Children notified	78	78	91	103	103	157	129	157
% children notified	5%	4%	6%	8%	7%	11%	7%	7%

Lessons learned and next steps

The project addressed common gaps in childhood TB knowledge and practice among health care workers and is a practical, scalable approach that national TB programs can use in other low-resource settings with high TB burden. Several lessons were learned throughout implementation. The project demonstrated that targeted capacity building can address critical gaps in childhood TB services without requiring complex or costly technologies. It also showed that ongoing mentorship, supportive supervision and monthly monitoring of notification data are essential to reinforce training outcomes. However, while the pilot training strengthened capacity in five out of ten districts, limited funding and logistical support have constrained its cascade to all districts. As a result, several regions remain unreached, perpetuating gaps in frontline health care workers' skills to detect and manage childhood TB effectively. Next steps include scaling up the training model to additional districts and health care facilities in Lesotho; integrating childhood TB capacity building into routine national TB program training and supervision frameworks; and strengthening monitoring to track changes in childhood TB case detection, prevention and treatment outcomes.

> *"The training is a game-changer for health care workers in Lesotho. It has provided much-needed capacity building and an increase in child and adolescent TB case finding."*

Matlotliso Mpho Khesa,
Childhood TB and Training Coordination Officer,
Lesotho NTLP

CASE STUDY: Introducing stool-based sample collection for childhood TB diagnosis in Zambia

Context

Zambia is ranked among the high TB burden countries in the WHO African Region, with childhood TB accounting for a significant proportion of missed cases (32%)[2] due, in part, to challenges in sputum collection among young children. In 2020, in line with WHO recommendations and national efforts to strengthen pediatric TB diagnosis, the National Tuberculosis and Leprosy Programme (NTLP) introduced stool-based TB testing as part of the country's broader strategy to improve bacteriological confirmation and accelerate progress toward achieving the End TB targets.

Implementation

In January 2023, the Ministry of Health and the NTLP—in collaboration with the USAID Tuberculosis Local Organization Network (TB-LON) project, the Centre for Infectious Disease Research in Zambia (CIDRZ), the U.S. CDC, the Chest Disease Lab, the Tropical Disease Research Center, University Teaching Hospital, Zambia and with technical assistance from the Global Fund—introduced stool-based TB testing into routine diagnostic services across multiple public health facilities in Zambia. The intervention targeted children with presumptive TB unable to expectorate sputum, particularly children under five and critically ill pediatric patients. The project started with revising the country's National TB Laboratory Standard Operating Procedures (SOPs) to include routine stool sample collection and stool-based Xpert MTB/RIF Ultra testing for childhood TB diagnosis. The updated SOPs were implemented through a coordinated facility- and laboratory-based workflow involving clinicians, nurses, laboratory personnel and community health workers (CHWs).

Implementation included the following steps:

1. **Planning and materials development:** The NTLP and partners developed the rollout plan, training materials and SOPs.
2. **Training and capacity building:** The NTLP and partners trained laboratory staff, nurses and clinicians in stool sample collection and testing.
3. **Identification of eligible children:** Clinicians and nurses screened children presenting at outpatient

[2] https://pubmed.ncbi.nlm.nih.gov/37467209/

departments, pediatric wards, maternal and child health clinics and antiretroviral clinics using national TB screening tools to identify presumptive TB cases who were unable to produce sputum.

4. **Caregiver sensitization and sample request:** Health care workers provided caregivers with instructions on stool sample collection, including hygiene practices and proper container use, and issued laboratory request forms.
5. **Stool sample collection:** Caregivers collected stool samples using sample collecting containers provided by health facilities.
6. **Sample reception and processing:** Laboratory staff received and logged samples, prepared them according to national SOPs and conducted testing using the GeneXpert MTB/RIF Ultra platform.
7. **Result reporting and clinical decision-making:** Laboratory staff entered test results into laboratory registers and electronic systems where available. Clinicians reviewed results and initiated TB treatment for bacteriologically confirmed cases in line with national guidelines.
8. **Recording and reporting:** Health care workers captured data in TB registers and routinely reported through the national TB surveillance system to support monitoring and program performance tracking.

Results

From January 2023 to December 2025, 27,115 children under five had a stool sample collected for TB investigation (Table 1). Of these, 26,128 (96%) samples were tested in the laboratory and 604 (2%) had a positive result. For children and adolescents in the 5-14 year age group, 12,571 had their stool sample collected and sent to the laboratory, of which 11,061 (88%) samples were tested and 386 (3%) had a positive result. Figure 2 shows that in the first two quarters of 2023, a

Table 1: Stool sample testing for TB among children and adolescents in Zambia

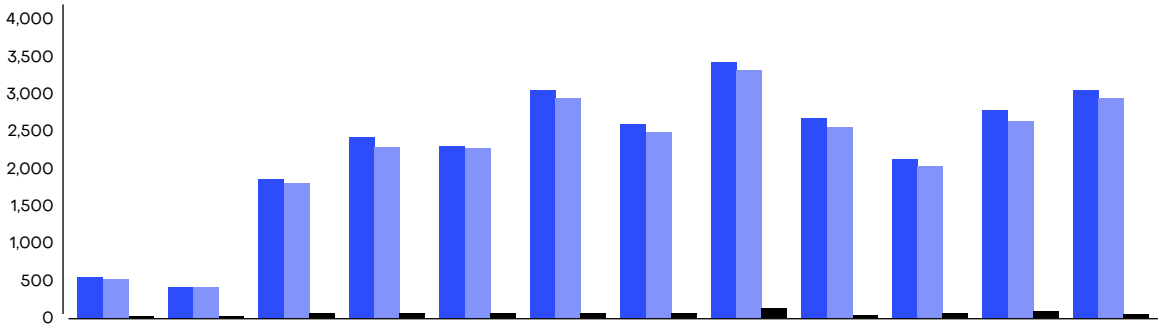
Source: National Tuberculosis and Leprosy Programme

		Samples collected		Number samples tested		% samples tested		Number tested positive		% samples with positive result	
Year	**Quarter**	**<5**	**5'-14**	**<5**	**5'-14**	**<5**	**5'-14**	**<5**	**5 -14**	**<5**	**5 -14**
2023	Q1 2023	526	249	507	242	96%	97%	12	11	2%	5%
	Q2 2023	394	166	387	164	98%	99%	8	10	2%	6%
	Q3 2023	1,857	865	1,790	813	96%	94%	45	16	3%	2%
	Q4 2023	2,416	1,165	2,272	1,102	94%	95%	42	19	2%	2%
	Total	**5,193**	**2,445**	**4,956**	**2,321**	**95%**	**95%**	**107**	**56**	**2%**	**2%**
2024	Q1 2024	2,275	990	2,280	945	100%	95%	54	41	2%	4%
	Q2 2024	3,047	2,326	2,937	1,430	96%	61%	53	29	2%	2%
	Q3 2024	2,577	1,080	2,500	1,047	97%	97%	70	35	3%	3%
	Q4 2024	3,410	1,287	3,311	1,206	97%	94%	117	55	4%	5%
	Total	**11,309**	**5,683**	**11,028**	**4,628**	**98%**	**81%**	**294**	**160**	**3%**	**3%**
2025	Q1 2025	2,659	1,098	2,552	1,026	96%	93%	35	39	1%	4%
	Q2 2025	2,122	1,095	2,018	1,013	95%	93%	52	46	3%	5%
	Q3 2025	2,778	1,115	2,634	988	95%	89%	75	41	3%	4%
	Q4 2025	3,054	1,135	2,940	1,085	96%	96%	41	44	1%	4%
	Total	**10,613**	**4,443**	**10,144**	**4,112**	**96%**	**93%**	**203**	**170**	**2%**	**4%**

few hundred children under five had their stool samples collected for TB testing. This number peaked at over 3,400 in Q4 of 2024. In all quarters under review until Q4 of 2025, approximately 2,000-3,000 samples were collected. A high proportion (96%) of these samples were tested in the laboratories. Figure 3 indicates that among the 5-14 year age group, a similar trend can be seen in TB presumption and stool sample collection though the peak occurred already in Q2 of 2025. In early 2023, only a couple hundred samples were collected in a quarter. This number eventually increased to over a thousand per quarter. While stool examination can address the gap of microbiological confirmation, especially among children under five, the positivity rate remained low in this age group, ranging from 1% to 4%. The positivity rate was higher (ranging from 2% to 6%) among the children and adolescents aged 5 to 14 years. Notifications of bacteriologically confirmed TB among children under five increased from 107 in 2023 to 203 in 2025, having peaked at 294 in 2024. This excludes the number of children under five diagnosed clinically. Notifications of bacteriologically confirmed TB among the 5-14 year aged group increased from 66 in 2023 to 167 in 2025.

Figure 2: Stool sample testing for TB among children (below 5 years) in Zambia

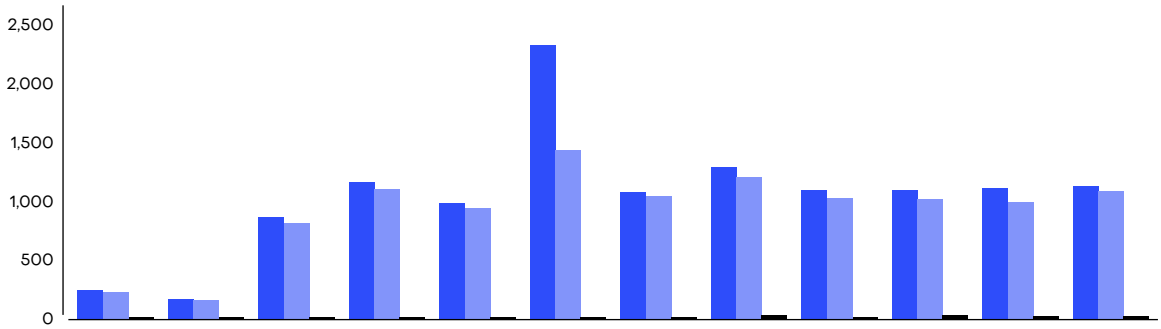
Source: National Tuberculosis and Leprosy Programme



	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Samples collected	526	394	1,857	2,416	2,275	3,047	2,577	3,410	2,659	2,122	2,778	3,054
Samples tested	507	387	1,790	2,272	2,280	2,937	2,500	3,311	2,552	2,018	2,634	2,940
Tested positive	12	8	45	42	54	53	70	117	35	52	75	41

Figure 3: Stool sample testing for TB among children and adolescents (5-14 years) in Zambia

Source: National Tuberculosis and Leprosy Programme



	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Samples collected	249	166	865	1,165	990	2,326	1,080	1,287	1,098	1,095	1,115	1,135
Samples tested	242	164	813	1,102	945	1,430	1,047	1,206	1,026	1,013	988	1,085
Tested positive	11	10	16	19	41	29	35	55	39	46	41	44

Lessons learned and next steps

The introduction of stool sampling resulted in significant increase in TB presumption among both children under five and the 5-14 year age group. These results suggest high caregiver acceptability and feasibility at facility level compared to gastric lavage, nasopharyngeal aspiration or sputum induction. However, additional information, education and communication (IEC) materials on stool sample collection and testing and continuous training among health care workers are still required, along with a more efficient sample tracking and transport system. Other challenges included delayed sample submission, inadequate training on community sample collection by CHWs, equipment failures/breakdowns and cartridge supply constraints in some areas. Next steps include scaling up stool-based testing nationwide to all facilities, integrating stool testing indicators into national TB reporting systems, strengthening health care worker capacity building and training CHWs in community sample collection.

SUCCESS STORY: Conducting a locally-led end-term review of the National Strategic Plan for TB and Leprosy in Zambia

Context

The Zambia NTLP conducted a comprehensive end-term review (ETR) of its National Strategic Plan for TB and Leprosy 2022-2026 (NSP 2022-2026) to inform the development of a new strategic plan and the upcoming funding request for the Global Fund's Grant Cycle 8 (GC8). Due to reduced funding and international donor support, the review team was composed of 83 local reviewers and only three external consultants from KNCV and the Global Drug Facility. The WHO country office supported the process from inception to end. The objective of the review was to assess progress and impact of the implementation of the NSP 2022-2026. This included reviewing gaps and bottlenecks; innovations and interventions; health system dynamics; and stakeholder engagement. The review also provided a foundation for mobilizing domestic and external resources.

Implementation

The NTP established an ETR Steering Committee, led by the TB program manager and including Ministry of Health representatives and partners. The TB program manager also appointed an ETR coordinator to oversee planning, logistics, implementation, reporting and debriefing. The NTP developed a concept note outlining thematic areas for review during the process, mobilized technical and financial resources, and organized an epidemiological review. The NTP also adapted WHO data collection tools and oriented reviewers on their use. Ten provincial field teams and one central team were established. The review was conducted in all ten provinces in Zambia, at provincial level and within select districts and health facility levels. The central team focused on national-level institutions and Ministry of Health governing departments.

A mixed methods approach was employed for data collection, including a desk review of policy documents, guidelines, reports and databases and in-person interviews with key informants at national, sub-national and peripheral health facilities.

Box 4

Thematic areas under review

Thematic areas assessed by desk and field review:

- Laboratory and diagnostic services
- Active case finding and contact investigation
- Childhood TB
- Drug-resistant TB (DR-TB) management
- Financing and sustainability
- M&E, surveillance and data use
- Drugs and supply chain management
- TB/HIV collaborative activities

Thematic areas assessed by desk review:

- Community TB and civil society engagement
- Health system integration and primary health care linkages
- Partnerships, coordination and donor alignment

Results

Findings from the end-term review were disseminated to the Permanent Secretary for Technical Services in the Ministry of Health, WHO country representatives, the U.S. Department of State, the University of Zambia, TB implementing partners and other stakeholders in December 2025. Key findings included strong political commitment for TB elimination and good national progress for most indicators, notably TB notifications and drug-susceptible tuberculosis (DS-TB) treatment success. TB case finding achieved 81% of the 86% set target and DS-TB treatment success achieved 92% of the 95% set target. However, approximately 40% of drug-resistant TB cases went undetected. The review also identified variations in targets at provincial level. A major finding was the declining trajectory for TB funding and insufficient human resource capacity at central level.

Lessons learned and next steps

The ETR demonstrated that robust program reviews are feasible despite limited resources. Strategic prioritization, reliance on routine data and adaptive methodologies allowed the review to produce actionable findings. Nonetheless, limitations included restricted geographic coverage and reliance on existing data systems with known quality challenges. The lessons identified are consistent with experiences from other high-TB burden settings and underscore the importance of embedding evaluation readiness within NSP design and implementation. Traditionally, WHO leads country program reviews by providing funds and technical resources including reviewers. The Zambian program successfully completed this review with local resources and minimal external support. As a next step, recommendations from this exercise will inform the strategies to be developed in the NSP 2027-2031.

Members of the End Term Review field teams at the ETR Dissemination meeting held on 4 December 2025.

3. Other Updates

Recent evaluation of the outcomes of a nationwide TB laboratory system strengthening intervention in the Republic of Congo

National Tuberculosis Reference Laboratories (NTRLs) form the backbone of national TB control programs, particularly in high-burden, resource-limited settings. Between 2018 and 2024, the Republic of Congo—with technical and financial support from the Global Fund, WHO, UNDP and the Red Cross—substantially improved TB diagnostic capacity and laboratory network performance by strengthening its NTRL. A recent evaluation of this program highlights how strategic interventions increased technical capacity, expanded access to rapid molecular diagnostics and drug susceptibility testing, improved multi-drug resistant TB (MDR-TB) detection and enhanced surveillance accuracy. Notably, the number of TB diagnostic facilities grew from approximately 40 to 113, while GeneXpert sites expanded from three to 31. In addition, the national sample transport and referral network was expanded; HIV testing among TB patients surged from 29% to 90%; and the NTRL established a national External Quality Assessment (EQA) framework, achieving a two-star WHO SLIPTA rating. The NTRL has also emerged as a regional research hub through collaborations with neighboring countries. While these improvements have reshaped the country's TB diagnostic landscape—underscoring how strategic investments in laboratory systems, human resources and sample transport can improve TB case detection, surveillance and patient management—long-term sustainability, data-driven decision-making and domestic resource mobilization are necessary to achieve national TB elimination goals. More information is available in this article on Strengthening National Reference Laboratories in the Republic of Congo: An Investment Imperative for Tuberculosis Surveillance.

4. Voices

"The training in childhood TB has massively strengthened my understanding and ability to diagnose and manage TB in children and adolescents. It has also enhanced my confidence in educating other health care workers about TB management and prevention."

Dr. M.E. Lephosa
Medical Officer
Baylor College of Medicine Children's Foundation, Lesotho

"TB programs need to realize that business as usual approaches no longer hold with the current funding landscape. Programs must look from within and innovation should be at the center. The ETR work in Zambia demonstrates that it is possible to do more with less and there is enough capacity in every country to contribute positively to the TB elimination agenda at minimal costs."

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

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About the NextGen Market Shaping Strategic Initiative

The NextGen Market Shaping Strategic Initiative, financed by the Global Fund, supports the implementation of innovative approaches and mechanisms for the introduction and scale up of new tuberculosis tools in Global Fund-supported countries. This initiative is part of the Global Fund NextGen Market Shaping approach, which outlines a holistic set of interventions to shape innovation and accelerate new product introductions at scale, promote capacity building for regional manufacturing and drive environmentally sustainable procurement and supply chains.