African Regional TB Summit post-UNHLM: Step up efforts to find all missing people with TB

March 4–6, 2019
At Serena Hotel
Kigali, Rwanda
Meeting Report

The Global Fund Stop TB Partnership hosted by UNOPS

Contents

Acknowledgements

We would like to thank all of the country participants, as well as the partners and facilitators, for their valuable contributions—and especially for sharing their expertise and experience and engaging in such constructive and open exchange of best practices and lessons learned.

We extend our deep gratitude and sincere appreciation to the Rwanda National TB Program and AMREF for hosting the meeting in Kigali, Rwanda.

Finally, our heartfelt thanks go to the organizing committee for their tireless efforts and commitment to making the meeting a success.

Eliud Wandwalo and Jacob Creswell

On behalf of the Organizing Committee

Acronym List

ACF	Active case finding
AMIMO	Mozambican Mineworkers Association
CBM	Community-based monitoring
CF	Case finding
CRG	Community, Rights and Gender Department
CSOs	Civil society organization
DR-TB	Drug resistant tuberculosis
FBO	Faith-based organization
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
GTB	Global TB Programme
IPT	Isoniazid preventive therapy
KIC-TB	Kenya Innovation Challenge TB Fund
LTBI	Latent tuberculosis infection
MDR/RR-TB	Multidrug- and rifampicin-resistant tuberculosis
NTP	National TB Program
PLHIV	People living with HIV
PR	Principal recipient
SDG	Sustainable Development Goals
SI	Strategic Initiative
TB	Tuberculosis
TPT	TB preventive therapy *(TPT)*
UHC	Universal Health Care
UNHLM	UN High Level Meeting
WHO	World Health Organization

Overview

African countries have made significant progress towards addressing the region's high TB burden. However, several gaps remain in finding all missing people with TB, including those with TB/HIV, drug resistant TB (DR-TB), and childhood TB. In September 2018, during the UN High Level Meeting on TB (UNHLM), Heads of State committed to find and treat 40 million TB patients—including 3.5 million children and 1.5 million people with drug resistant TB—by 2022. Under the TB Strategic Initiative, several countries with a high burden of TB are partnering with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Stop TB Partnership, and the World Health Organization (WHO) to implement an ambitious program to find and treat an additional 1.5 million missing people with TB by the end of 2019.

The African region has 39 percent of all missing people with TB and the 13 countries invited to this workshop contribute to 65 percent of missing people from the region. Efforts to find all people with TB in health facilities and through private sector and community engagement have been implemented in all 13 countries, but additional efforts remain in order to bring these approaches to scale. These efforts include addressing a number of programmatic, political, human rights, and gender barriers in order to achieve the ambitious TB targets set out in national strategic plans and the UNHLM declaration.

In order to support accelerated efforts to find and treat all patients with TB in Africa, and to support countries to achieve national and global targets, the Global Fund, Stop TB Partnership, and AMREF—with WHO participation—convened the **African Regional TB Summit post-UNHLM** and a **High-Level TB Symposium** with**.** The meeting took place in Kigali, Rwanda, from 4 to 6 March, 2019 and brought together international and regional experts to advance efforts to find all missing people with TB. A total of 55 participants came together from 13 countries and actively engaged in peer-to-peer learning and knowledge exchange—sharing successes and challenges based on their country experience and with the aim of driving the TB agenda forward.

OVERALL MEETING OBJECTIVES

The overall objective of the meeting was to review progress and challenges and share best practices in finding missing people with TB in the DR Congo, Ghana, Nigeria, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Tanzania, South Africa, Uganda, Zambia, and Zimbabwe.

Specific objectives included:

1. Exchanging information, experiences, and lessons learned in different TB case finding approaches in the participating countries;
2. Identifying barriers to improving TB case finding and reinforcing commitments to eliminate these barriers and achieve national targets for finding all people with TB;
3. Reinforcing the urgency and shared responsibility between National TB Programs, Principal Recipients (PR), civil society organizations (CSOs), national stakeholders and partners to achieve the targets; and
4. Preparing messages for the high-level meeting with Ministers of Health on aligning the countries' TB response to the UNHLM commitments.

PARTICIPANTS

Participants included National TB Program Managers, SI/Case Finding Focal Persons, PR Managers, CSOs, and representatives from key partners (Stop TB Partnership, the Global Fund, WHO, KIT Royal Tropical Institute). See **Annex 1** for a detailed list of participants and the full agenda.

A summary of the deliberations of the three-day meeting are presented in the following sections.

Day 1

OPENING REMARKS

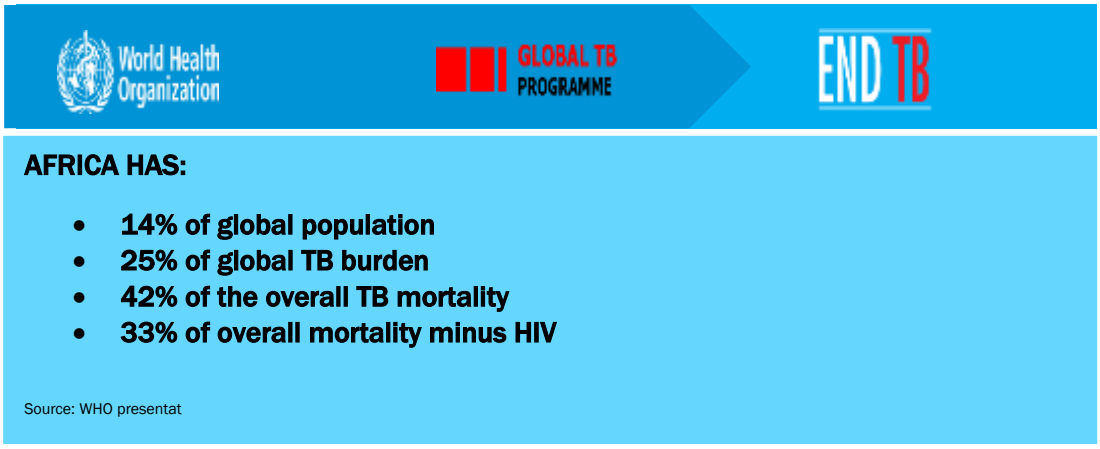
In his opening statement, **Dr. Patrick Migambi, National TB Program (NTP) Rwanda**, emphasized the critical need to find missing people with TB. Dr. Migambi highlighted the need for more sensitive diagnostic tools, improved access to hard to reach populations, screening in health facilities, and active case finding in key populations (i.e., people living with HIV (PLHIV), prisons, etc.). What is required, he stated, was innovative, out-of-the box approaches and the combined efforts of all partners. He concluded by underscoring the importance of this meeting as an opportunity to accelerate efforts and develop critical strategies to find missing people with TB in the region and urged participants to keep up the momentum.

Linden Morrison, **Regional Manager, Global Fund,** stated that the meeting was timely for the region—which has a high burden of TB and TB /HIV—and reminded TB program managers that Global Fund-supported countries should consider this an opportunity to improve their absorption rates. The presence of the countries during the UNHLM was also a testament to their commitment to ending TB and achieving the Sustainable Development Goal (SGD) targets. Mr. Morrison drew attention to the need for improved coordination and linkages between HIV and TB communities, including inviting HIV managers for TB meetings and vice versa, as an important strategy. He also appreciated the efforts of countries in the region (e.g., Kenya, Tanzania) to adopt and scale-up innovative approaches in finding missing people with TB. Overall, he concluded, there is an upward trend in finding missing people with TB. However, there is also limited access to services and limited capacity in the region. In order to address this, countries have been supported by the Global Fund through additional resources and mechanisms—including portfolio optimization and special initiatives.

CONTEXT SETTING

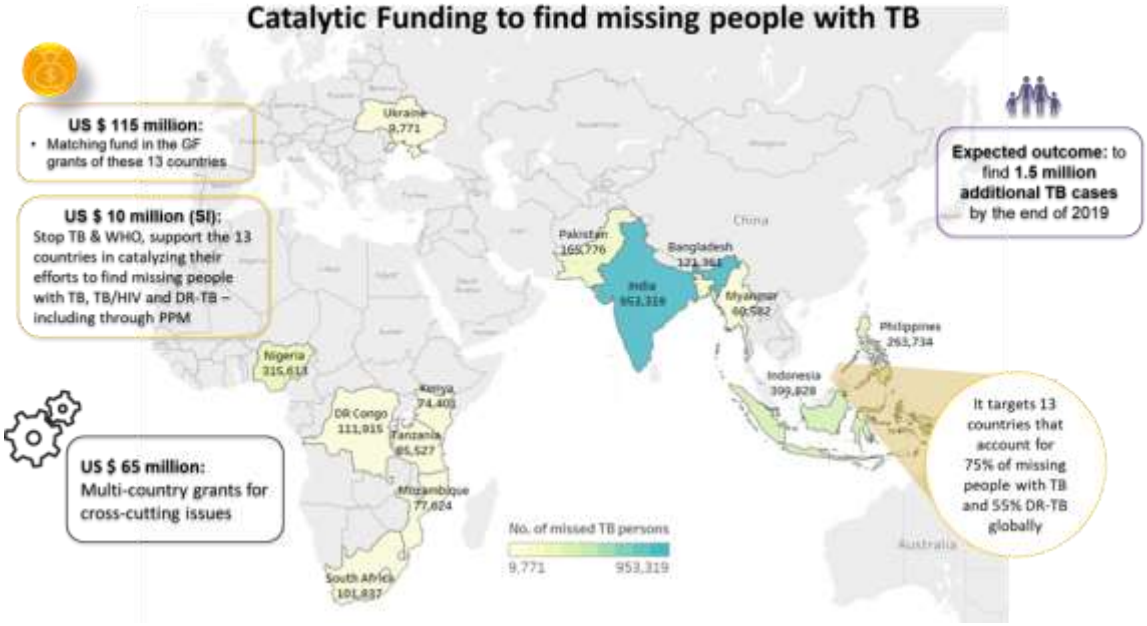
Christian Gunneberg, Medical Officer - Global TB Programme (GTB), WHO, shared the context of TB in the region. Data shows that the number of cases in the Africa region has reduced (from 2,497,414 in 2016 to 2,480,418 in 2018) while TB notification is improving (from 1,273,756 in 2016 to 1,284,321 in 2017). Coverage for GeneXpert and MDR/RR-TB is good, but only 50 percent of people are tested. The ratio of GeneXpert cartridges used per notified TB case has improved (4 compared to global 2). However, there remains a need to improve TB coverage, TB notifications, and access to diagnostics. Key regional statistics are included in Box 1 below.

Box 1: Africa's TB burden



Eliud Wandwalo, Senior Disease Co-Ordinator Tuberculosis, Global Fund began by highlighting that the positioning of TB in the Universal Health Care (UHC) agenda is critical. The Global Fund provides support through its Strategic Initiative to accelerate finding missing people with TB, with a focus on the most vulnerable and underserved populations. This initiative is currently active in 13 countries, 6 of which are in Africa the region. The objective of the Strategic Initiative is to find 1.5 million missing people with TB—including 260,000 missing people in the region—through innovative tools and approaches. This meeting held was in response to the need for a forum and platform to share best practices within the region; identify challenges and bottlenecks; and develop promising solutions to find the missing people with TB. In order to continue investments for higher impact in the region, countries also need to support the Global Fund replenishment.

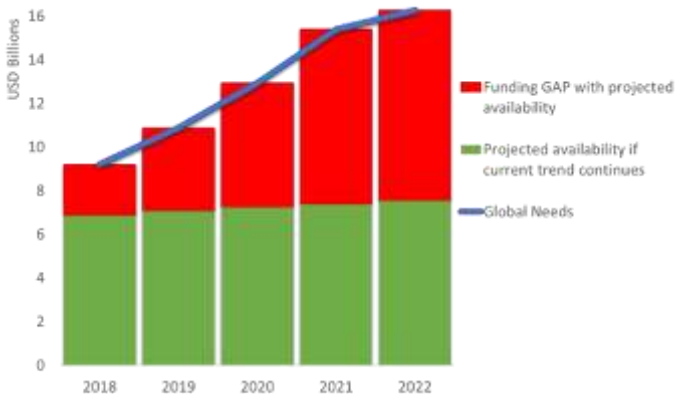
Figure 1: Catalytic Fund for TB - Finding missing people with TB



Source: Global Fund presentation

Jacob Creswell, Head Innovations and Grants, Stop TB Partnership, presented the ambitious post-UNHLM TB targets of reaching 40 million people under treatment by 2022, including 30 million under TB preventive treatment. He cited that a number of barriers must be overcome in order to reach all missing people with TB. Due to huge gaps in funding (see Figure 2), countries should support the Global Fund replenishment, while also exploring other potential funding opportunities.

Figure 2: Global resource need to achieve 2018 UNGA TB implementation targets (USD Billions)



Source: STOP TB Partnership presentation

The presentations were followed by a discussion session, which is summarized below:

Key Messages from Context Setting Discussion

- Countries should improve testing but also look for 'value for money' options. Digital x-rays are being used, but the costs are not reasonable.
- While TB incidence is decreasing and there is a declining trend, a significant number of people with TB are still missing. It is necessary to know exactly where these people are and who they are. To this end, prevalence surveys are also being conducted.
- While GeneXpert is recommended and being scaled up, there are issues with module failures and high maintenance fees, although samples continue to be tested with microscopy. A more systematic method to test and optimize the use of the machines is needed.
- Countries request to know how the UNHLM targets were determined, as some of the figures were different from what was available at country level.
- It was also noted that TB involves other costs, and that the catastrophic costs (50 percent) occur even before people are diagnosed.

THEMATIC AREAS

Following the introductory presentations, country presentations and panel discussions took place with expert discussants based on key thematic areas. Thematic area presentations were conducted on Day 1, Day 2, and Day 3 and key messages have been summarized below.

Thematic Area 1: TB case finding in health facilities (Tanzania, Lesotho and Uganda)

A clear policy direction and regulatory framework is required for successful implementation of active case finding (ACF) in health facilities. Tanzania offers a very good example but faced initial difficulty implementing the screening cascade. The ACF toolkit was developed for systematic screening of patients for TB in the health facilities. This has contributed to a 12 percent increase in TB case notifications and is now being scaled up to other regions of the country with Global Fund support. Involvement and ownership of health facilities is a key factor in successful implementation, and only then are TB notifications likely to improve. Similarly, involving health workers through the provision of training and mentorship, including others stakeholders, and creating linkages with communities are all critical elements. Uganda and Lesotho shared how health care workers have been engaged successfully. In their contexts, a training package was developed to improve workers' awareness and also for more systematic engagement.

Other critical strategies for quality improvement include the establishment of an ACF focal point in every unit at the health facility and the establishment of facility-based TB targets to enhance shared responsibility and accountability. Country grants should also consider reprogramming to improve efficiencies, if required. Finally, it was noted that health-facility based investments do not cost much, but 'changing the mindset' is a critical factor in the success of the strategy.

Thematic Area 2: TB case finding in communities (Mozambique, Malawi, Rwanda)

Countries shared some of the best practices in TB case finding at community level, including door-to-door screening, nutritional support, community-level sputum collection, the use of mobile vans, screening for TB in prisons at entry and in the workplace, and interventions in informal settlements. Several existing challenges and gaps remain, however, including the need to improve quality of care, gaps in notifications from community level, sample transportation, etc. Some of the sites supported through the Challenge TB grant in Mozambique also face challenges as they are in the process of transition. The use of mobile vans for TB case finding at the community level generated a lot of interest among the countries. The Malawi experience with the use of mobile vans was noted as an achievement. However, the vans are expensive, with an approximate cost of 350,000 USD per van excluding other associated costs. As an alternative, it might be better for countries to reach for 'low hanging fruit' first, such as ACF at facility-level, before pursuing this approach. There are a number of countries introducing lower cost mobile van solutions, including Nigeria which will be beginning in 2019, so more efforts to document experiences are needed in this area.

Innovative TB case finding approaches in Kenya are also being explored through the Kenya Innovation Challenge TB Fund (KIC TB). These include interventions in workplaces and informal settlements. Proposals also included a self-testing machine/booth, similar to an ATM machine. It was noted that community-level approaches should be targeted. At the same time, engagement of all stakeholders, including CSOs, is imperative as demonstrated by Mozambique. Finally, symptomatic screening, in addition to chest x-rays, is critical in identifying and increasing the number of presumptive TB cases.

Thematic Area 3: TB/HIV – Addressing the concurrent epidemic (DRC, Zambia, Zimbabwe)

TB/HIV has posed a significant challenge to the region. Some countries have addressed this quite effectively and shared their experiences and challenges. Intensified and active case finding among key population groups (i.e., PLHIV, miners/ex-miners, prisoners, hard to reach areas, unstructured settlements, etc.) has been one of the successful targeted approaches and was suggested as the way to move forward. Countries also shared a reluctance amongst health providers to use isoniazid preventive therapy (IPT) due to adverse effects such as pellagra. This can be alleviated by having a good aDSM system in place in the country, in addition to prescribing pyridoxine (Vit. B6) to these patients. Also, increased quantities of pyridoxine need to be procured by TB programs and other programs as the stock tends to be exhausted quickly. It was noted that most countries in Africa currently implement IPT for a period of 6 months.

In addition, despite its benefits, the use of TB-LAM is still very low in Africa. Several countries are in the process of adopting TB-LAM (policy change, procurement) and the majority of countries represented promised to accelerate this adoption and share implementation results in subsequent meetings. Discussants then noted that symptom-based TB screening among PLHIV in care has been institutionalized among the countries. However, there were concerns about improving quality through consistent application of the symptom tool at every clinic visit. Discussants also explored the need for additional use of chest x-rays where resources allow. With regards to access to TB preventive therapy among PLHIV, countries are at different stages. Kenya, South Africa, and Malawi have enrolled hundreds of thousands of eligible people, for example. Finally, countries committed to fully scaling-up TB preventive therapy *(*TPT*)* in line with UNHLM targets and adopting the new WHO recommendations on latent tuberculosis infection (LTBI).

Day 2

PANEL DISCUSSSON ON FINDING THE MISSING PEOPLE WITH TB

Panel members: Lucica Ditiu (Stop TB Partnership), Rogerio Cumbane (TB survivor), Marijke Wijnroks (Global Fund), Bebe Cool (Musician, Celebrity TB Champion) and B'Flow (Musician, Celebrity TB Champion)

Below is a summary of the perspectives and key messages shared during the panel discussion on finding missing cases, which are synthesized by emerging themes:

Awareness-raising and a rights-based approach

- Progress towards ending the TB epidemic is lagging behind and **the TB community should be more empowered to speak**.
- Involvement and **engagement of local leaders within communities** should be increased.
- More **awareness-raising for prevention of TB** is required, along with **improved health policies to address cross border issues** so patients can be on uninterrupted treatment.
- **Language should be simplified** so that it's easy to understand by everyone.
- A **rights-based approach** to TB is critical for addressing barriers and challenges and improving access to services.

TB funding

- Results-based funding for the partners and countries is requested and **countries should also invest in domestic resources**.
- Finding missing people with TB will remain the Global Fund priority for the next funding cycle; at the same time, what has been done so far will not be enough. There is need **to do things differently under the catalytic funding for the next cycle**.

TB as a movement

- TB needs more attention and should be given the visibility that it deserves—current momentum should be harnessed to **transform the TB agenda into a movement**.
- Increased advocacy at a higher level and **engaging with TB champions and the youth** to spread the awareness and the messages are key approaches.
- In order to activate this momentum**,** engagement with celebrities and communities should be considered periodically, maybe every six months for the next three years. Similar to Bebe Cool and B'Flow from Uganda and Zambia, **more celebrities could be engaged as role models**, with TB champions from each country, as this invariably would open more doors.
- **Young people should be at the center of the TB response**, not only through biomedical approaches but also through creativity and innovation.
- There is a strong sense of urgency and a **loud call to action** for renewed engagement of dynamic, committed leadership at all levels.

The panel discussion was followed by the continuation of thematic area presentations as highlighted below.

THEMATIC AREAS (CONT.)

Thematic Area 4: Addressing legal, human rights, and gender-based barriers to TB care

This session included in-depth discussions about what needs to be done in order to put people at the centre of TB responses—particularly those populations that are most under-served or missed through current efforts. In order to do this, it is necessary to understand, address, and break down the barriers to access that exist in countries and then put the right kind of programs in place. There is a growing body of evidence and associated action around this area. Through the Strategic Initiative 'Finding the Missing People with TB', as well as strategic initiatives from its Community, Rights and Gender (CRG) department, the Global Fund is supporting this agenda, as well as broader goals. The first initiative supports community engagement in Global Fund-related processes at country and regional level, across TB, HIV, and malaria. The second, referred to as the 'Breaking Down Barriers' initiative, is focused on addressing human rights for TB in 13 countries, including in Africa: Cote d'Ivoire, South Africa, DRC, Uganda, Mozambique, Cameroon, Sierra Leone, and Kenya. Assessments conducted in these countries highlighted the following:

Stigma and discrimination: Across all countries, stigma and discrimination was prevalent in communities, including in health-care settings and in the work place. Individuals' fear of losing work or education due to TB status is coupled with a lack of understanding of TB and its curability. At the same time, there is often lack of respect for confidentiality at the health care settings. Another key barrier was the catastrophic costs associated with TB that are faced by households.

Gender: A nuanced approach to understanding and addressing gender-related barriers is needed in order to implement effective TB responses. For example, the Sierra Leone assessment noted that while men face a higher risk of TB due to social contact and occupation, women experience more severe stigmatization and face a higher risk of violence—including domestic violence—due to TB. The assessment conducted in South Africa also demonstrated that access barriers are related to gender. For example, trans women who cannot get jobs resort to sex work and drug use, which leads them to prison—all of these factors combined greatly increase their likelihood of acquiring HIV and TB. Findings also showed that men tend to contract TB outside of the home while women contract it in the home from men who have refused treatment. Finally, the assessment findings indicated that while clinics are female-friendly, they do not necessarily appeal to men.

Awareness and human rights: Intensified efforts are needed to raise awareness on 'human rights' in the context of TB, including, for instance, around pre- and in-service medical ethics trainings; "know-your- rights programs"; community-led monitoring of laws and policies and reform efforts; peer-led legal aid and legal services; community-based monitoring of service quality; and community-led advocacy and accountability frameworks. There is also a need to monitor and document human rights violations for TB and to ensure appropriate legal assistance is accessible to those who need it. Finally, the lack of policy and legal frameworks for human rights and TB should be addressed.

Key populations: Key populations were identified as migrant workers and other mobile populations, people in prisons and other detention facilities, and health care workers (occupational hazards and lack of protective measures).

Other issues include engagement of various stakeholders—which is critical and was evident in the case finding approach in Nigeria among nomadic populations—and addressing human rights, legal and gender-based barriers in South Africa and Nigeria. Other encouraging developments included community-based monitoring (CBM) and the use of digital solutions for reporting, tracking, and monitoring patient care, treatment adherence, and side effects of TB medications, and a pilot to track stock outs in the DR Congo. Putting technology in the hands of the people to address program quality, human rights barriers, and accountability and to create feedback loops, and learn collectively (with communities at the centre) are all important areas to address moving forward. It was emphasized that services should go to the people rather than waiting for the people to come to the services and, lastly, that often men and women have different care-seeking behaviors and challenges.

Thematic Area 5: Country experiences with engaging the private sector in finding missing people with TB

In the African context, engaging the private sector has not been as extensive as in Asia. With respects to private sector engagement, countries should establish clear roles and expectations of the private sector in supporting efforts to find missing people with TB and should communicate these to them. Engagement of the informal private sector, including faith-based organizations (FBOs) and Community Pharmacists, will be critical in the TB treatment cascade (e.g., as drug pick-up points for TB patients). In addition, linkages should be strengthened within the private sector to improve sample transportation and GeneXpert use for TB diagnosis, as well as to reduce turnaround time for diagnosis and further follow up. A number of TB REACH supported interventions will be reporting results in the coming months and may serve as good lessons learned.

Thematic Area 6: Optimizing TB diagnostic and sample transport networks to increase access to self-testing

Improving patient access to rapid testing relies largely on increasing the numbers of GeneXpert tests available and improving sample transportation mechanisms. Most countries need to do both. There is no single solution for improving sample transport and countries must tailor approaches to local needs and within the context of cost efficiency. In addition, GeneXpert optimization is key and data could be better used for placement of GeneXpert tests (including the optimal number of modules per machine per site) and to improve sample transport networks. There are efforts being made in some countries to use software to analyze site-level data to optimize networks. Furthermore, the use of GeneXpert for HIV testing and other diseases offers opportunities for integration, demand generation, improved machine utilization, and cost efficiencies. CSOs and the media can be better utilized for demand creation of GeneXpert among clinicians and patients.

In terms of monitoring GeneXpert networks, connectivity software solutions can be useful but entail costs that must be properly planned. Some countries may need guidance on selection of software given costs and data security requirements, while other countries may be able to develop their own software solutions. Countries continue to face challenges in maintaining their GeneXpert networks, including ensuring modules are functioning and repaired quickly when needed. Service bundling into cartridge costs may be a solution, if there is a strong service provider in country. Building domestic capacity to do some GeneXpert maintenance is another solution. Ensuring adequate power continues to be a common problem in some countries. A cheaper alternative to GeneXpert is needed, and a rapid test that could be used at peripheral level would be valuable.

Countries are also starting to transition to Ultra. Its relatively low shelf life poses challenges for supply management, but the shelf life is increasing. LAM testing is also seen as useful by some countries for finding missing people with TB among PLHIV who are seriously ill. Other countries are still piloting this approach, while some countries see higher value in using a more sensitive LAM test, expected to be WHO-recommended later this year.

Finally, there is a need to ensure continued and even increased donor funding to build diagnostic capacity and sputum transport networks, as well as increased domestic funding to ensure sustainability of investment.

Day 3

THEMATIC AREAS (CONT.)

Thematic area 7: Country experience with using data to find missing people with TB

In the efforts to find missing people with TB, data is critical. Countries are encouraged to use the most recently available data. There is also need to make the shift from only analyzing national statistics but also including sub-national level data. Data sources should be combined and this will be a more powerful and effective tool for programming and higher yield. A number of tools are being supported through the Strategic Initiative including, patient pathway analysis and the MATCH approach which have been used in a number of countries in the region. When using these tools in the context of 'finding the missing people with TB' and data analysis, it will be particularly important to understand who the missing people are, where they are, and what can be done to find them.

COUNTRY GROUP WORK

Countries were then divided into four groups and were asked to share challenges and best practices across the different thematic areas. This included identifying the top three priorities for the current implementation period (2019 and 2020) with respect to what could be done by countries, the Global Fund, and partners to find more missing people with TB and elaborating on how the next initiative could be improved for more impact. Group discussions provided a time to focus on key challenges, uncover localized insights, and engage in important programmatic knowledge exchange. Facilitators were assigned to each group and guided them through the topics.

A summary of the group work has been synthesized below:

(A) Top challenges and priorities:

Group 1

- Poor leadership and coordination in ACF—this includes a lack of ownership at health facility level in addressing interventions and tackling challenges
- Poor linkages and integration between the point of case notification (including informal private facilities) and point of care
- Sub-optimal data management systems to measure the impact of what is being done
- Low awareness and socio-cultural barriers in the communities leading to low demand creation
- Inadequate private sector engagement—this includes mistrust among private sector providers and unclear delineation and differentiation of roles that private sector providers need to play in TB diagnosis, treatment, and care

Group 2

- Lack of capacity (knowledge, motivation, interest, attitude, stigma, numbers, reporting) among health care workers (focal points) to identify TB
- Limited access to sensitive and rapid diagnostic and treatment services
- An NTP structure that does not meet current needs
- Limited financial resources
- Inadequate monitoring and supervision/mentorship at facilities

Group 3

- TB case finding in health facilities
- TB case finding in the community
- Awareness creation at community level
- Detection of people with asymptomatic TB and availability of X-rays for diagnosis
- Engaging the private sector in finding missing people with TB
- Intensified case finding among PLHIV and TPT

Group 4

- Private sector engagement and scale up
- Availability of GeneXpert for rapid diagnosis and sample transportation mechanisms including linkages with the private sector and community level
- Sub-optimal quality of TB screening in health facilities and community level
- Low coverage of community TB services
- Low coverage of sample transport and suboptimal optimization

(B) What should be done differently:

During the current cycle

- Formal engagement between NTPs and Medical/Hospital Services department to partner with Heads of Institutions to help drive the TB agenda
- Identification and implementation of innovative approaches to create demand through household and community education and active utilization of social media and technology-based platforms
- Capacity building on data use of health care providers for decision making
- Sharing of practical experiences in TB case finding at health facility and community level through South-to-South learning and mentorships to countries

During the next catalytic funding cycle

Funding and grants

- Better alignment of matching fund development with that of the funding request to prevent delays in implementation
- Kenya wants to remain a part of the TB SI to build on the gains in the current implementation cycle
- Ghana is interested in participating in the next TB catalytic funding—treatment coverage is low (about 33%) and the country is interested in expanding TB case notification (approximately 30,000 cases are missed)
- Lesotho is also interested in participating in the next funding cycle—the country faces poor accessibility to health services by people living in hard-to-reach areas (treatment coverage is almost 50 percent and approximately 7,800 cases are missed)
- Expand to more countries to provide technical support—this includes Malawi, Uganda and maybe all 30 high burden countries
- Increase matching funds—110M USD is not enough for the number of countries involved

Areas of strategic focus

- Deepen focus on strategic information—including political advocacy and engagement but also with outside TB actors (celebrities and politicians). This could also include having a permanent committee in parliament (like HIV) or focusing on reaching States/Provinces and Ministers in these States/Provinces in order to promote the impact
- Engage MPs and provide them with support to advocate for the TB program
- Scale-up country involvement that extends beyond bringing people to global meetings—focus on in-country events
- Expand access to testing with networks for labs, including awareness raising
- Empower people at lower levels with information on all the policies and approaches, including private sector

CONCLUSIONS AND NEXT STEPS

The effort to find missing TB cases remains a significant challenge for countries in Africa. Despite the urgent need for increased investments and action, this meeting offered some evidence of the best practices and approaches that have been used successfully in varying contexts to accelerate efforts to find missing people with TB. Further investments and commitment will undoubtedly provide countries with an opportunity to build on the work that has been done and expand the reach of much-needed TB services and programs. As countries represented a continuum of TB programming experiences, the meeting offered a rich environment for cross-fertilization of ideas and approaches—bringing together extensive practical experience with up-to date evidence and fresh perspectives.

For countries, the next step is to harvest key lessons and approaches and translate them into action. Some of the priority areas for action that emerged include:

1. More meaningful **engagement with the private sector** (including the informal sector like FBOs, retail chemists, etc.) and stronger linkages for **sample transportation** and diagnostics (GeneXpert) availability;
2. Shifting from small- to large-scale implementation of **health facility TB case finding** in order to achieve results;
3. Using **community based case finding** to reach populations and people who have poor access to services, especially key and vulnerable populations.
4. Increasing the **use of data** for timely decision making with a transition from paper-based to electronic and real-time data, as well as the use of sub-national and community-level data;
5. Adopting a more **rights-based** approach and grounding the response to TB in human rights principles by identifying and addressing community, human rights, and gender barriers to care;
6. Addressing **barriers to rapid molecular diagnosis** access by expanding the coverage of sputum transport networks. In addition, including accelerating the adoption and use TB-LAM among PLHIV;
7. Optimizing the coverage of **TB preventive therapy** among all eligible PLHIV and household contacts;
8. **Engaging local leaders and TB champions**—including creating opportunities for engaging well-known celebrities, civil society networks, communities, and people affected by TB to increase visibility of the national TB agenda among high level decision makers and population at large; and
9. Providing **technical support to countries within the region** to strengthen efforts to 'find the missing people with TB' through the use of innovative approaches.

Next steps include a follow-up meeting and the provision of additional capacity building support on innovative approaches to close the gaps and find the missing people with TB, in line with UNHLM targets.

Facilitators:

The Global Fund
- Dr. Eliud Wandwalo, Dr. Daisy Lekharu, Dr. Nnamdi Nwaneri, Kate Thompson

Stop TB Partnership
- Dr. Wayne Gemert, Dr. Jacob Creswell, Dr. Enos Masini, Dr. Thandi Katlholo

WHO Global TB Programme (GTB)
- Dr. Christian Gunneberg

KIT Royal Tropical Institute
- Dr. Mirjam Bakker

New Dimensions Consultancy
- Dr. Sode Matiku

High Level Symposium Briefing Note

BACKGROUND

Held in New York City on 26 September 2018, the first-ever United Nations High-Level Meeting (UNHLM) on TB endorsed a historic political declaration, with specific, measurable milestones to be achieved by the end of 2022. By adopting this declaration, Heads of State and governments recognized TB as a major public health challenge and committed to taking specific actions to end it.

OVERALL SYMPOSIUM OBJECTIVES

In order to support accelerated efforts to find and treat all patients with TB in Africa, and to support countries to achieve national and global targets, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Stop TB Partnership, and AMREF convened the **African Regional TB Summit post-UNHLM** and a **High-Level TB Symposium**. The symposium, which took place on 5 March 2019 in Kigali, Rwanda, brought together decision makers, people affected by TB, Global Health Leaders, and other key stakeholders to discuss and reach consensus on how to translate the UNHLM Political Declaration into concrete action steps that will help African countries reach their targets.

Specific objectives included:

1. Discussing the action steps required by the African region to successfully implement commitments made at the TB UNHLM;
2. Sharing the UNHLM TB targets and highlighting the need for ambitious country planning and target setting;
3. Advocating for increased political commitment and improved domestic financing for TB; and
4. Advocating for enhanced accountability to reach the TB UNHLM targets.

PARTICIPANTS

Participants included Ministers of Health, National TB Program Managers; Leadership from Local, Regional and Global partners; civil society; TB affected communities; and other stakeholders. See **Annex 1** for a detailed list of participants and the full agenda.

A summary of the deliberations of the two-hour symposium are presented in the following sections.

UNHLM ON TB

Lucica Ditiu, Executive Director, Stop TB Partnership, spoke of the difficulty around addressing TB—highlighting that it remains the world's leading infectious disease killer. She continued that in the global discussions around UHC and integration, TB needs to capture attention and be included on the agenda. After the first UNHLM in September 2018, the declaration has been made simpler for better comprehension. Specifically, the UNHLM targets are to reach 40 million with TB treatment by 2022 and 30 million with TB Preventive Treatment. However, more research, newer diagnostic tools, and improved vaccines are needed as in some contexts, age-old microscopy is still being used. There is also need to allocate additional resources between now and 2022—13 billion USD is needed while only 6 billion is available. She further stated that Ministers of Finance would, in theory, understand that TB has an advantage as the treatment is cost effective at around 20 USD per patient and provides returns of 43 USD for every dollar spent, but the case is not an easy one to make. She concluded by calling for the need for more accountability given the comparatively little attention TB has received, as well as the need for increased visibility among high-level ministers.

Rogerio Cumbane, TB survivor, Mozambican Mineworkers Association, Mozambique, advocated for concrete change post UNHLM. Specifically, he stated the need for additional capacity building of CSOs and for key marginalized and vulnerable groups, along with more **meaningful policies and partnerships for united efforts to fight TB**. Additional challenges include finance and human resource mobilization and understanding who the missing people with TB are (adults and children) and bringing them back to treatment. He concluded by emphasizing that affected communities must be engaged ('nothing for us without us') and urged that no one be left behind.

KEYNOTE SPEECH

In her keynote remarks, **Hon. Dr. Diane Gashumba, Minister of Health, Rwanda,** explained that although the African region has made good progress, much more needs to be done. Along with the double burden of TB and HIV, the region faces an alarming increase in patients with drug resistant TB. The first UNHLM commitment by countries and representatives recognized TB as a major public health challenge. It's time for Africa to lead the TB response and this requires tangible action, including ambitious plans; partnerships between global health leaders and governments; and additional financing. Furthermore, there are several cross-cutting multi-sectoral issues and thus the vision of a one-stop integrated approach should be adopted. Finally, policy statements should be translated into actionable recommendations and engage all sectors—including public, private, CSOs, and partnerships.

FUNDING THE TB RESPONSE IN THE AFRICAN REGION

Marijke Wijnroks, Chief of Staff, Global Fund, highlighted that the Global Plan 2016-2020 indicates that that 21 billion USD is needed to address the TB response. In the lead up to the UNHLM TB, it was estimated that that 30 billion USD per year would be needed to achieve the target of 40 million people with TB receiving the care they need by 2022. However, currently only 5 billion per year is available and there is a large gap. Ms. Wijnroks also noted that the EU summit committed to increase investments in health. She further asserted that while we need more money for health, we also need health for money. A more equitable equation is needed as there is a pro-poor bias in spending. Finally, she concluded that we know what needs to be done and also what the problems are and so we must honor our words and commit to finding and treating everyone with TB.

PANEL DISCUSSSON

Panel members: Rogerio Cumbane (TB survivor, Mozambican Mineworkers Association, AMIMO), Marijke Wijnroks (Chief of Staff, The Global Fund), Stephen Mule (Global TB Caucus, Member of Parliament, Kenya), Bebe Cool (Musician, Celebrity TB Champion), Dr. Frank Bonsu (NTP Manager, Ghana), Hon. Dr. Sarah Opendi (Health Minister, Uganda), Hon. Norwu Howard (Deputy Health Minister, Liberia), Austin Obiefuna (Moderator), Lucica Ditiu (Stop TB Partnership).

Below is a summary of the perspectives and key messages shared during the panel discussion:

Hon. Dr. Sarah Opendi, State Minister of Health, Uganda

- It is unacceptable that TB is forgotten. It is critically important to know that one person with TB can infect all of the people who are in close physical proximity to them, unlike HIV or malaria.
- Political commitment is valuable but political commitment towards real action is necessary—this will be possible through well-coordinated efforts involving everyone.
- Resources are needed, but are we using the available resources effectively?
- **Diagnostic testing can be scaled-up—**mothers are tested for HIV and not for TB, why?
- **We need to improve screening—**ensuring that health care workers also check for TB even if the patient comes in with malaria.
- Engagement with communities should be a priority.
- Countries must also conduct TB prevalence surveys to understand their epidemics better.

Hon. Norwu Howard, Deputy Health Minister for Administration, Liberia

- The country's TB budget is not very high and many patients are lost to follow up.
- Government leaders need to be meaningfully engaged—we need more than simply partner commitment. **Political will cannot be underscored.**
- **TB is a cross-border issue**s—diseases travel across borders and, as a result, are global issues.
- TB should be included in the presidential agenda and shared with heads of departments so that leadership can be held accountable.
- More community education and awareness are needed.
- Additional resources are also needed.
- Even if strong policies exist, they need to be followed up with implementation and accountability.

Hon. Stephen Moule, Global TB Caucus, Member of Parliament, Kenya

- MPs in the African region convened after the UNHLM. There is a need to follow up on their signatories and engage permanent representatives in New York for further details about the resources committed, as much more needs to be done.

Dr. Frank Bonsu, National TB Program (NTP) Manager, Ghana

- Leadership, along with the stability of the NTP managers, is key.
- While there is need for good infrastructure, laboratory settings, and the protection of health staff, it is also observed that some of the **global recommendations do not take into consideration the context of some countries.**
- Countries require technical assistance—more implementation research is needed to provide a local, home-grown evidence and not just 'extrapolated significant p values'.
- **Domestic and global economic conditions should be carefully considered** while designing TB programs for more effectiveness.
- Stigma and discrimination still threaten TB programs in many setting and there is need for more awareness to reduce this.
- More country ownership of programs is needed.

Dr. Lucica Ditiu, Executive Director, Stop TB Partnership

- More political commitment that is translated into action is required.
- Since the UNHLM in September 2018, apart from the various stakeholders engaged in the fight against TB, two groups have received further attention: the media and celebrities, and they go hand in hand. Celebrities have been engaged as TB champions to spread the message further and improve awareness and place TB higher on the agenda locally and globally.
- The engagement of politicians is critical, but we should be mindful that politicians often have a shorter shelf life.

Bebe Cool, Celebrity TB Champion, Uganda

- It is important to create more Bebe Cools—TB is not just a medical problem but a social one as well.
- In order to place TB higher on the national and global agenda, messages on TB can be included in local elections.
- Treatment duration should be lessened and tablets should be made smaller for easier patient use.
- Artists would be proud to be engaged in the effort to end TB and would be willing and able to reach out to hard-to-reach areas and underserved populations—they would not like the lives of their fans to be at stake for a disease that is preventable and curable.
- A global TB song could be used to bring young people together.

Githinji Gitahi, AMREF Health Africa, TB Response and UHC, Kenya

- The Global Fund is part of UHC 2030 and TB is part of the UHC agenda
- One key question is around the financial transitioning of the countries from the Global Fund to domestic financing as around 58 countries will be transitioning in the next 5-10 years from Global Fund and Gavi support.

ANNEX

African Regional TB Summit post- UNHLM: Step up efforts to find all people with TB

Venue: Serena hotel, Kigali, Rwanda

Dates: March 4-6, 2019

DAY 1: March 4, 2019
Moderator: Jacob Creswell

TIME	SUBJECT	Presenters	Facilitator(s)
8:00 – 8:30	**Registration and logistics**		
8:30 – 8:45	Welcome remarks	NTP Rwanda Linden Morrison, Global Fund	
8:45- 10:00	**Context setting** • Regional Context & UNHLM targets • Performance in finding all people with TB, future projections	Christian Gunneberg, WHO Jacob Creswell, Stop TB Eliud Wandwalo Global Fund	**STOP TB** Enos Masini
10:00-10:30	**Tea break**		
10:30 – 12:00	**Thematic area 1: TB case finding in health facilities** • 3 country presentations on experiences • Expert discussant (Sode Matiku) • Question and answer session	Tanzania South Africa Uganda	**WHO** Christian Gunneberg
12:00-13:00	**Lunch break**		
13:00 -14:30	**Thematic Area 2: TB case finding in communities** • 3 country presentations on experiences • Expert discussant - Benson Ulo AMREF • Question and answer session	Mozambique Malawi Rwanda	**STOP TB** Jacob Creswell
14:30 – 16:00	**Thematic area 3:** TB/HIV: Addressing the concurrent epidemics • 3 country presentations on Intensified case finding among people living with HIV (PLHIV) • Expert discussant (Enos Masini) • Question and answer session	DRC Zambia Zimbabwe	**Global Fund** Eliud Wandwalo
16:00-17:00	Sharing tools on finding missing people	Jacob Creswell Partners	**Global Fund** Daisy Lekharu
17:00- 18:00	**Meet the experts**		**Stop TB** Jacob Creswell

DAY 2: 5 March 2019

Moderator: Eliud Wandwalo

TIME	SUBJECT	Presenters	Facilitators
08:30-10:00	**Panel on finding missing cases**	Lucica Ditiu TB survivor-Rogerio Cumbane, Marijke Wijnroks; Celebrities -Bebe Cool & B'flo Perspective from implementers	AMREF
10:00-10:45	**Tea Break & Group Photo**		
10:45 - 12:15	**Thematic area 4:** Addressing legal, human rights and gender-based barriers to TB care • 3 country presentations on experiences • Expert discussant (Thandi Katlholo, ACT) • Question and answer session	South Africa Nigeria DRC	**Global Fund** Kate Thomson
12:15 -13:15	**Lunch break**		
13:15 – 14:45	**Thematic area 5: Country experiences with engaging the private sector in finding missing people with TB** • 3 country presentations on experiences • Expert discussants (Jacob Creswell & Sode Matiku) Question and answer session	Ethiopia Nigeria Ghana	**WHO** Christian Gunneberg
14:45 – 16:00	**Thematic area 6: Optimizing TB diagnostic and sample transport networks to increase access to rapid testing** 2 country presentations on Experiences Expert discussant (Patrick Ademun; Wayne Van Gemert) • Question and answer session	Uganda Rwanda	**STOP TB** Enos Masini
Moderator to wrap up day 2 and logistics			
17:30 – 19:30	***High level TB Symposium see agenda on page 6***		

Day 3: 6 March 2019
Moderator: Christian Gunneberg

TIME	SUBJECT	Presenter	Facilitator
8:30 -9:45	**Thematic area 7: Country experience with using data to find missing people with TB** • 2 country presentations • Expert discussants (Mirjam Bakker KIT) • Question and answer session	Kenya South Africa	**WHO** Christian Gunneberg
9:45 – 11:00	Developing the Africa TB response: Identifying country challenges and way forward	**Country group work**	**Stop TB** Jacob Creswell
11:00- 11:30	**Tea Break**		
11:30-12:30	Plenary discussion on the way forward in finding missing people with TB Key take away messages for the TB symposium and follow up	Plenary	**Global Fund** Eliud Wandwalo
12:30: 13:00	Way forward and next steps	All	Eliud Wandwalo/Jacob Creswell/Christian Gunneberg
13:00	**Lunch**		

High Level TB Symposium: IT'S TIME for Africa to lead the TB response

Session Chairs : Lucica Ditiu & Austin Obiefuna

17:30-17:45	**UNHLM on TB** • What does it mean to the African region and countries - *Lucica Ditiu, Stop TB Partnership* • What does it mean for people affected by TB – *Rogério Cumbane, TB survivor*
17:45 – 17:55	**Key Note Speaker: Hon Dr Diane Gashumba, Minister of Health, Rwanda**
17:55-18:10	**Funding the TB Response in African Region –** *Marijke Wijnroks, Global Fund*
18:10 – 19:00	**Let's discuss:** • How can the UNHLM targets be achieved - *Ministers of Health (TBD)* • Role of political leaders in the achievement of UNHLM targets in African countries - *Stephen Mule, Kenya - Member of Parliament* • Are the Communities and Faith based Organizations the answer to a world without TB - Community*/NGO? - Austin Obiefuna* • The National TB Programmes in the spotlight – *Dr. Frank Bonsu*, Ghana on behalf of African National TB Programs • Bringing the spark of celebrities to the TB Response – *Bebe Cool, TB Champion*
19:00- 19:10	**TB Response and UHC :** How TB programs can successfully navigate UHC – *Githinji Gitahi, Amref Health Africa*
19:10- 19:30	**Discussions and wrap up**

Participants List

Country	Name and Surname	Affiliation	Email contacts
DR Congo	Lili Kitete	CSO PR	Lili.Kitete@cordaid.org
DR Congo	Maxime Lunga	STP CRG	maxilunga@yahoo.fr
Ghana	Frank Adae Bonsu	HI	fabonsu@gmail.com
Ghana	Felix Afutu	HI	
Kenya	Stephen Macharia	SI	skmacharia@gmail.com>
Kenya	Benson ULO	PR private sector AMREF	Benson.Ulo@Amref.org
Malawi	Kondwani Mshali	CSO PR	Kondwani.Mshali@actionaid.org
Malawi	Kuzani Mbendera	HI	kuzanimbendera@gmail.com
Mozambique	Elsa Kanduma	SI	elsakanduma@gmail.com
Mozambique	Rogerio J Cumbane	STP CRG	rogeriojcumbane@gmail.com
Mozambique	Egidio Langa	CSO PR	egideolanga@ccsaude.org.mz
Mozambique	Benedita Jose	SI	beneditajose1@gmail.com
Nigeria	Vivian Ibeziako	PR Private sector	vibeziako@ihvnigeria.org
Nigeria	Rommy Mom	STP CRG	rommymom@lawyersalertng.org
Nigeria	Steven John	STP CRG	jannafoundation@gmail.com
Rwanda	Innocent Nzabahimana	HOST LAB	nzabino09@gmail.com
Rwanda	Grace Mutembayire	HOST	grace.mutembayire@rbc.gov.rw
Rwanda	Patrick Migambi	HOST	migambi2010@gmail.com
South Africa	Anna Versfeld	STP CRG	annaversfeld@gmail.com
Tanzania	Sode Matiku	SI	sodematiku@gmail.com
Tanzania	Godwin Munuo	PR Private sector	Godwin.Munuo@Amref.org>
Tanzania	Florence Temu	PR Private sector	florence.temu@amref.org
Tanzania	Liberate J. Mleoh	Deputy NTP Manager	lmleoh@ntlp.go.tz; lmlmleoh@gmail.com
Tanzania	Vedastus Kamara	SI	vedastusk@gmail.com
Uganda	Stavia Turyahabwe	HI	turyahabwestavia@gmail.com
Uganda	Patrick Ademun	SRL	patadems@gmail.com
Zambia	Patrick Lungu	NTP Manager	patrickpj456@yahoo.co.uk
Zambia	Rhehab Chimziz	HI	rchimzizi@gmail.com
Zimbabwe	Charles Sandy	HI	sandycrm@yahoo.com
Zmbabwe	Nicholas Siziba	NTP	sitwalo@gmail.com
Lesotho	Kekeletso Ntoi	PR	ntoik@mofpmu.org.ls
Lesotho	Lephophosi Kopanye	NTP	daphopza@gmail.com
Africa Coalition on TB (ACT)	Austin Arinze Obiefuna	TGF CRG	austinos7@gmail.com
Switzerland	Thandi Katlholo	STP CRG	thandik@stoptb.org
Switzerland	Enos Okumu Masini	STP CRG	EnosM@stoptb.org
Switzerland	Jacob Creswell	STP CRG	jacobc@stoptb.org
Switzerland	Lucica Ditiu	STP Executive	lucicad@stoptb.org
Switzerland	Eliud Wandwalo	The Global Fund	Eliud.Wandwalo@theglobalfund.org
Switzerland	Kate Thompson	The Global Fund	kate.thomson@theglobalfund.org
Switzerland	Linden Morrison	The Global Fund	Linden.Morrison@theglobalfund.org
Switzerland	Margaret Marchand	The Global Fund	margaret.marchand@theglobalfund.org
Switzerland	Daisy Lekharu	The Global Fund	Daisy.Lekharu@theglobalfund.org
Switzerland	Nnamdi.Nwaneri	The Global Fund	Nnamdi.Nwaneri@theglobalfund.org

Switzerland	Marijke Wijnroks	The Global Fund, Chief of Staff	Marijke.Wijnroks@theglobalfund.org
STP SI Partner	Mirjam Bakker	KIT	M.Bakker@kit.nl
Switzerland	Christian Gunneberg	WHO, GTB	gunnebergc@who.int