## The TB REACH Initiative: Update & Dialogue

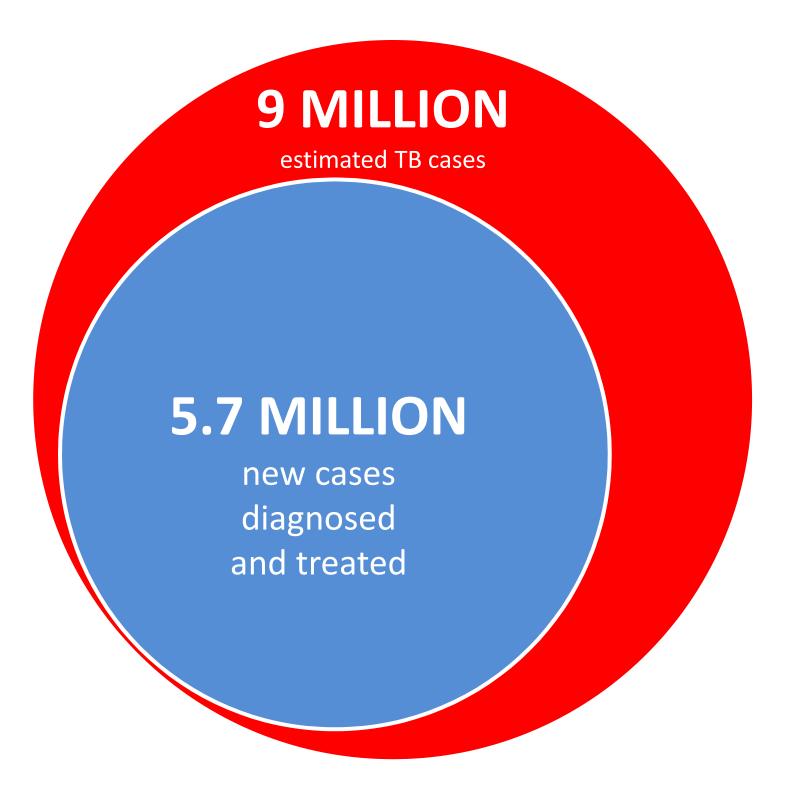


**Jacob Creswell** 

Barcelona, 27 October 2014



### Why TB REACH





#### What is TB REACH?



- Promotes <u>early</u> and <u>increased</u>
   TB case detection and <u>improved</u> treatment outcomes using <u>innovative</u> approaches
- Bottom up approach country specific, local ideas
- Competitive grants (10% success)
- Strong external M&E component
- Supported by DFATD Canada and UNITAID
- 80,000- 1 million USD over one year

#### Innovation to reach those without access to care:



Specimen transport



Contacts and urban slums



People with HIV



Children



Xpert – latest diagnostic



m-Health



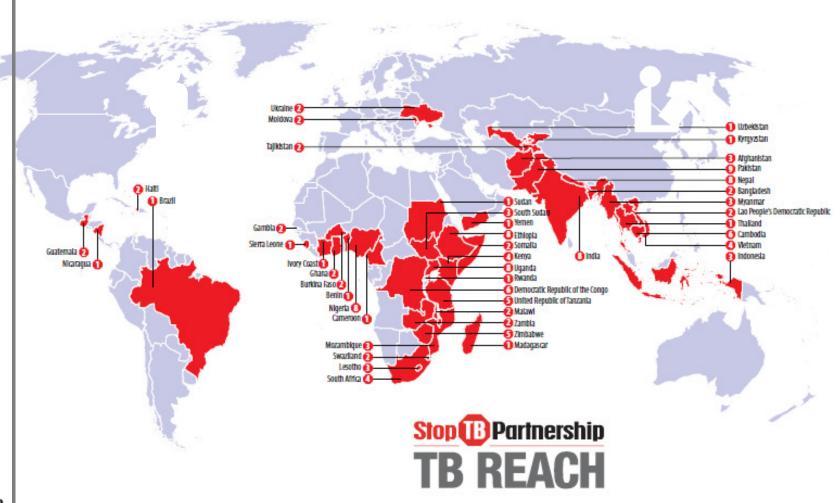
Mobile outreach



Pvt. Clinics / pharmacists

# Where our partners work

### Partners in 46 Countries, 142 Grants More than 92 Million USD Committed









#### Results

Over 800,000 detected

#### The High Burden of Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in a Large Zambian Prison: A Public Health Alert

German Henostroza 1,2\*, Stephanie M. Topp 1,2, Sisa Hatwiinda 2, Katie R. Maggard 2,3, Winifreda Phiri 2, Jennifer B. Harris<sup>1,2</sup>, Annika Krüüner<sup>1,2</sup>, Nathan Kapata<sup>4</sup>, Helen Ayles<sup>5</sup>, Chisela Chileshe<sup>6</sup>, Stewart E. Reid<sup>2,7</sup>

#### A pragmatic approach to measuring, monitoring and evaluating interventions for improved tuberculosis case detection

Lucie Bloka,†. Jacob Creswellb,\*,†. Robert Stevensc, Miranda Brouwerd, Oriol Ramisc, Olivier Weilc, Paul Klatsere, Suvanand Sahu

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Innovative Community-Based Approaches Doubl Increase Tuberculosis Case Notification: Summary **Tuberculosis Case Notification and Improve Trea** Outcome in Southern Ethiopia

A Multi-Site Evaluation of Innovative Approaches to Results



Jacob Creswell¹\*, Suvanand Sahu¹, Lucie Blok², Mirjam I. Bakker³, Robert Stevens⁴, Lucica Ditiu¹ 1Stop TB Partnership, Geneva, Switzerland, 2 Royal Tropical Institute (KIT), Health, Amsterdam, The Netherlands, 3 Royal Tropical Institute (KIT) Biomedical Research Amsterdam, Netherlands, 4 HLSP, London, England

Mohammed A. Yassin<sup>1,2</sup>\*, Daniel G. Datiko<sup>2,3</sup>, Olivia Tulloch<sup>2</sup>, Paulos Markos<sup>3</sup>, Melkamsew Asch Estifanos B. Shargie<sup>1</sup>, Mesay H. Dangisso<sup>3</sup>, Ryuichi Komatsu<sup>1</sup>, Suvanand Sahu<sup>5</sup>, Lucie Blok<sup>6</sup>, Luis E. Cuevas<sup>2</sup>, Sally Theobald<sup>2</sup>

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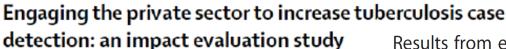
How is Xpert MTB/RIF being implemented in 22 high tuberculosis burden countries?

Active contact investigation and treatment support: an integrated approach in rural and urban Sindh, Pakistan

iluation of Systematic Tuberculosis Screening at 2 Facilities in Karachi, Pakistan

rell1\*, Saira Khowaja2, Andrew Codlin2, Rabia Hashmi2, Erum Rasheed2, Mubashir Khan2, <sup>2</sup>, Christina Mergenthaler<sup>1</sup>, Owais Hussain<sup>2</sup>, Faisal Khan<sup>2</sup>, Aamir J. Khan<sup>2</sup>

S. A. Shah, \* S. Qayyum, † R. Abro, \* S. Baig, † J. Creswell †‡



Results from early programmatic implementation of Xpert MTB/RIF testing in nine countries

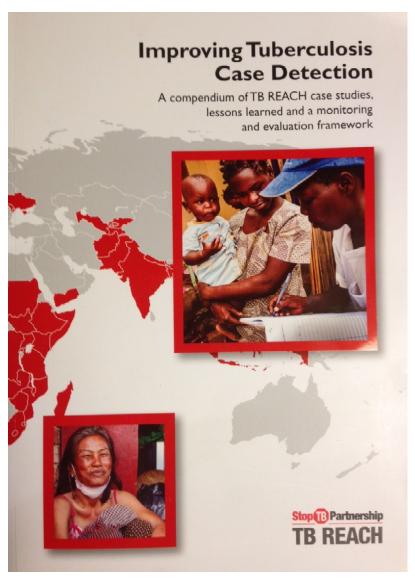


Aamir J Khan, Saira Khowaja, Faisal S Khan, Fahad Qazi, Ismat Lotia, Ali Habib, Shama Mohammed, U Hamidah Hussain, Mercedes C Becerra, Jacob Greswell, Salmaan Keshavjee

Jacob Creswell<sup>1\*</sup>, Andrew J Codlin<sup>2</sup>, Emmanuel Andre<sup>3</sup>, Mark A Micek<sup>4,5</sup>, Ahmed Bedru<sup>6</sup>, E Jane Carter<sup>7</sup>, Rajendra-Prasad Yadav<sup>8</sup>, Andrei Mosneaga<sup>9</sup>, Bishwa Rai<sup>10</sup>, Sayera Banu<sup>11</sup>, Miranda Brouwer<sup>12</sup>, Lucie Blok<sup>13</sup>, Suvanand Sahu<sup>1</sup> and Lucica Ditiu<sup>1</sup>

#### Results

- Working with The Global Fund to help document successful models for scale up and increased funding
- Compendium of case studies to help NTPs and their partners improve case detection
- Moving beyond guidelines to illustrate the practical how-to's needed to improve case detection





### **Lessons learned**

- Huge improvements are possible
- No one single solution
- Know your TB epidemic
- Innovate, change, disrupt
  - Not business as usual
- Use locally available resources
- Health extension workers, community involvement, pay people for work
  - Screen large numbers of people
  - Support their treatment





# TB REACH in the Future

- Through 4 funding waves 99% of the initial grant committed
- The Stop TB Partnership
   Secretariat and its partners are
   working to ensure continued
   funding for TB REACH work
- We hope to launch a wave 5 call for proposals in early 2015
- Innovations around case detection will still be prioritized
- Scale up and linkages to The Global Fund will be prioritized
- Grants for innovations around other areas of TB care are likely to be offered



### Thank You!



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