

TB REACH

New approaches in TB case detection

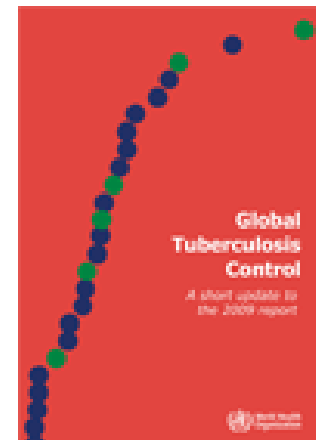
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Stop TB Partnership

3rd GLI Meeting
4 October 2010

TB case detection (2008)

- Estimated incidence: 9.4 million
 - About 95% drug susceptible
- Cases detected: 5.7 million

- Over 3 million undetected
 - A variety of reasons in different settings
- In addition, cases often detected late



Objective-1 of the Stop TB Strategy

- Achieve universal access to high-quality care for all people with TB

World Health Organization **THE STOP TB STRATEGY**

VISION **A TB-FREE WORLD**

GOAL To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets

OBJECTIVES

- Achieve universal access to high-quality care for all people with TB
- Reduce the human suffering and socioeconomic burden associated with TB
- Protect vulnerable populations from TB, TB/HIV and multidrug-resistant TB
- Support development of new tools and enable their timely and effective use
- Protect and promote human rights in TB prevention, care and control

TARGETS

- MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015
- Targets linked to the MDGs and endorsed by Stop TB Partnership:
 - 2015: reduce prevalence of and deaths due to TB by 50%
 - 2050: eliminate TB as a public health problem

THE 6 COMPONENTS

- 1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT**
 - a. Secure political commitment, with adequate and sustained financing
 - b. Ensure early case detection, and diagnosis through quality-assured bacteriology
 - c. Provide standardised treatment with supervision, and patient support
 - d. Ensure effective drug supply and management
 - e. Monitor and evaluate performance and impact
- 2 ADDRESS TB-HIV, MDR-TB, AND THE NEEDS OF POOR AND VULNERABLE POPULATIONS**
 - a. Scale-up collaborative TB/HIV activities
 - b. Scale-up prevention and management of multidrug-resistant TB (MDR-TB)
 - c. Address the needs of TB contacts, and poor and vulnerable populations
- 3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING BASED ON PRIMARY HEALTH CARE**
 - a. Help improve health policies, human resource development, financing, supplies, service delivery and information
 - b. Strengthen infection control in health services, other congregate settings and households
 - c. Upgrade laboratory networks, and implement the Practical Approach to Lung Health (PAL)
 - d. Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health
- 4 ENGAGE ALL CARE PROVIDERS**
 - a. Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
 - b. Promote use of the International Standards for Tuberculosis Care (ISTC)
- 5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES THROUGH PARTNERSHIP**
 - a. Pursue advocacy, communication and social mobilization
 - b. Foster community participation in TB care, prevention and health promotion
 - c. Promote use of the Patients' Charter for Tuberculosis Care
- 6 ENABLE AND PROMOTE RESEARCH**
 - a. Conduct programme-based operational research
 - b. Advocate for and participate in research to develop new diagnostics, drugs and vaccines

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What is TB REACH?

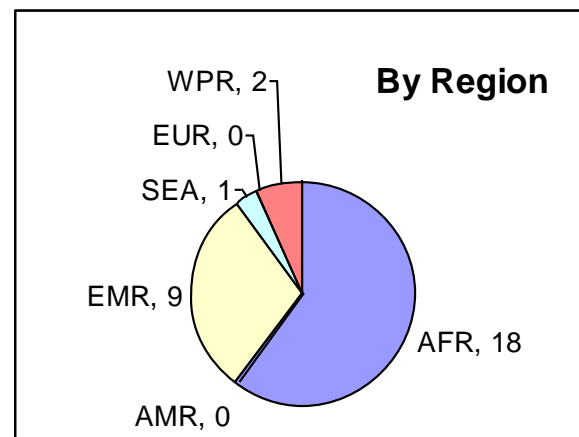
- Funding initiative of Stop TB Partnership
- Promotes **innovative** approaches in **early** and **increased** TB case detection
- Funds projects up to US\$ 1 million for 1 year
 - 2nd year extension is possible
- Stop TB Partners, CSOs and Governments can apply

Requirements for TB REACH application

- Projects in low income countries
 - per capita GNI \leq \$2000
- Focussing on population with limited access
- Cost effectiveness criteria
 - Cost per additional case detected cannot be very high
- Multiple applications possible from countries
 - NTP support letter required
- Standard application form
- PRC selects applications for funding

TB REACH Wave-1

- TB REACH launched and Wave-1 funding announced in Jan 2010
- 192 applications received and 30 approved for funding:
 - 10 Govt. (including 7 NTP)
 - 20 non-Govt (CSOs)
- Total US\$ 18.4 million committed
 - Individual project budget varies from US\$ 150,000 to 1 million
- 40,000 additional ss+ TB cases to be detected



Lessons from Wave-1 applications

- Tremendous interest - unexpected high number of applications
- Funding dedicated to TB case detection triggered:
 - Innovative thinking to address local barriers
 - Development of new approaches
 - Attention to population with limited access and the poorest of the poor
- Commonly proposed interventions included:
 - active screening of risk groups
 - contact investigations
 - ICF in PLHA
 - laboratory interventions
 - PPM approaches
 - Outreach services to remote populations
 - ACSM

Implementation of Wave-1 projects

- 28 out of 30 projects have already started
- Monitoring of projects done by an independent agency (HLSP with KIT)
- First reports with figures on case detection expected in Jan 2010

Laboratory interventions in Wave-1 TB REACH projects

- 22 out of 30 projects include lab interventions

Types of interventions:

1. Addressing access barriers to laboratory
2. Strengthening existing lab network
3. Introduction of new technology and approaches

Wave-1 TB REACH projects

1. Addressing access barriers to laboratory

- Specimen collection points
- Specimen collection during outreach and active screening of population at risk
- Specimen / patient transport to laboratory using innovative and locally appropriate approaches
- Expansion of smear microscopy lab network by establishing new laboratories
- Mobile laboratories
- Inclusion of private laboratory in NTP network

Wave-1 TB REACH projects

2. Strengthening existing lab network

- Inputs in EQA, provision of equipment, training, etc
- Specimen tracking and communication of lab results using mobile-phone based electronic information system

Wave-1 TB REACH projects

3. Introduction of new technology & approaches

- LED FM
- GeneXpert at sub-district level and on mobile laboratory
- Front-loaded sputum collection
- Improving bacteriological diagnosis in children (use of culture, specimen collection by gastric and naso-gastric aspirate)

TB REACH Wave-2

- Wave-2 to be announced on 1st Dec 2010
- Opportunity for laboratory interventions focussed on population with limited access
 - Address access barriers to labs
 - Decentralization of laboratory networks
 - Innovations in sputum collection and transportation
 - Introduction of new technology
 - New approaches for diagnosis of TB in children & women
 - Innovative approaches and algorithms for active screening of at-risk population
- For more on TB REACH visit <http://www.stoptb.org/global/awards/tbreach/>

Thanks