

TB REACH

Smarter Investments to
Improve TB Detection and
Access to Care

Suvanand Sahu

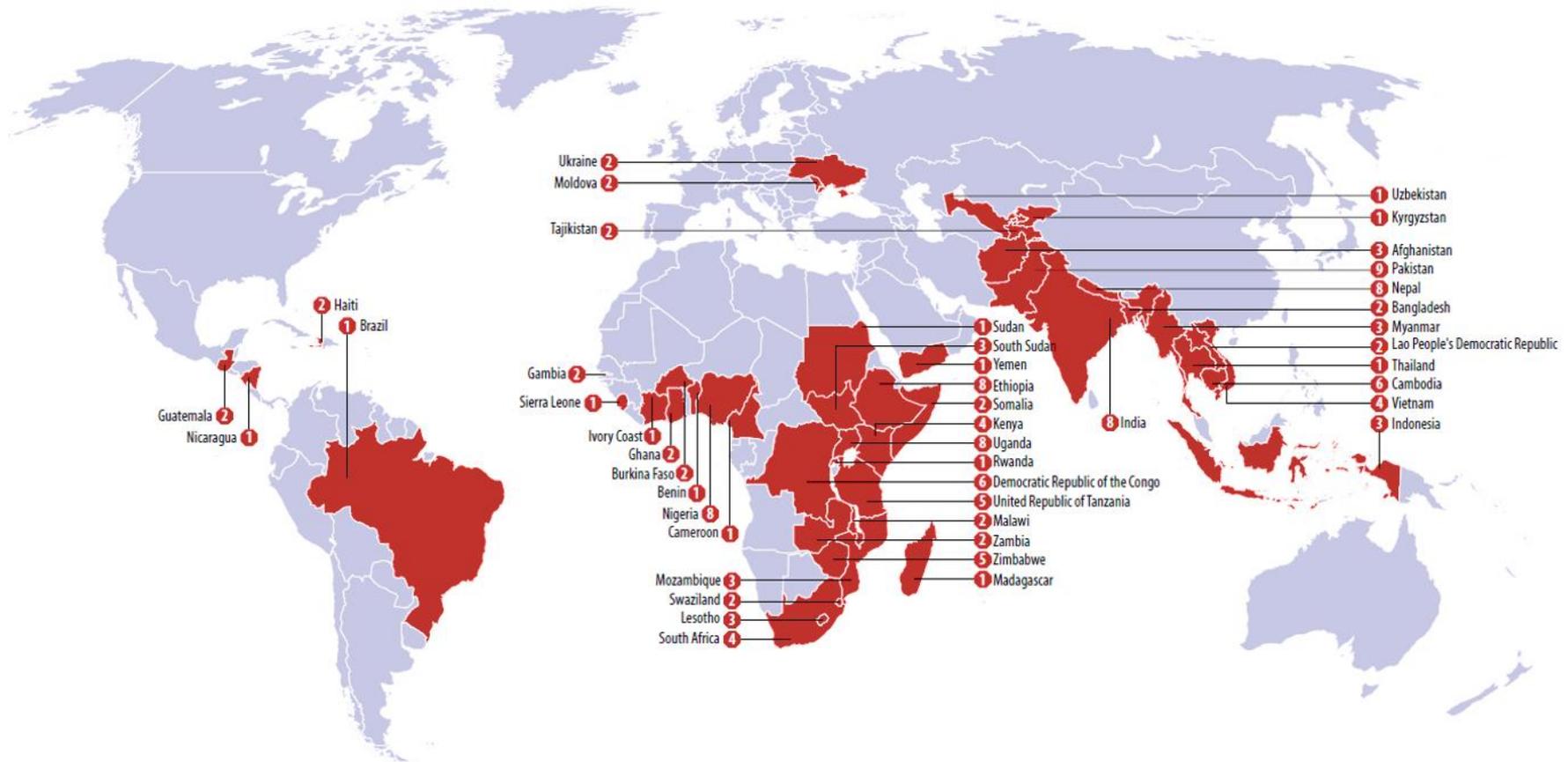
15 April 2015

What is TB REACH?

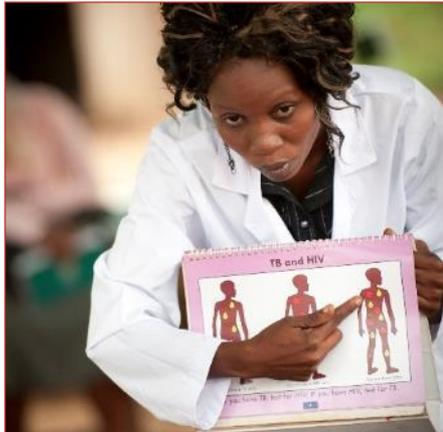
- Established in 2010 with support from DFATD, Canada and later supported by UNITAID
- Platform to test innovative approaches for TB detection and improving access to services
 - Robust M&E, and rapid financing and implementation (1-2 years)
- Successful projects provide evidence to inform national investment plans
- Essential partner to The Global Fund and other international donors – show what works



Over USD 92 million in funding provided to 142 projects in 46 countries



Innovative Approaches



Awareness Raising



Sputum Transport



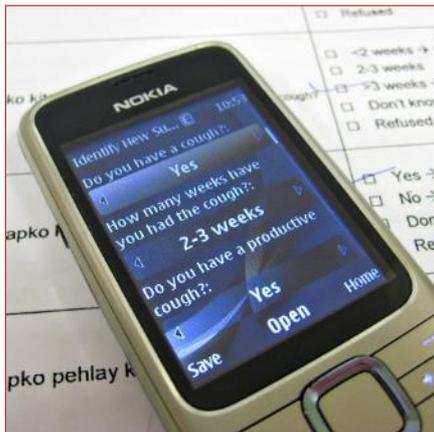
Systematic Screening



New Diagnostics



Community Outreach



mHealth



Social Support



Engage Private Sector

Improving Case Detection

- 1.3 million TB patients treated
 - Activities target the most vulnerable groups
 - 20% of patients would not have been treated in the absence of TB REACH
 - 9 projects have resulted in a >100% increase in notifications (all ages)
 - 49% increase in childhood TB notifications in Wave 3 projects
- Up to 640,000 lives saved
- 12.8 million TB infections prevented



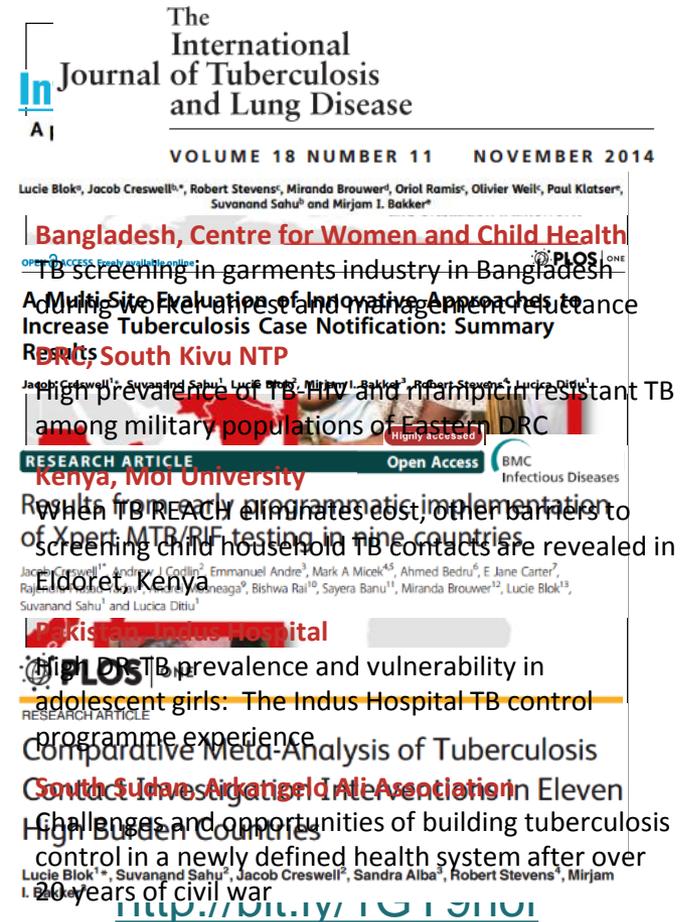
Accelerating Use of New Diagnostics

- 30% of global Xpert procurement outside South Africa
 - Over 75,000 MTB-positive patients detected early
 - Over 10,000 RR-TB patients detected (slightly higher than TB CARE I)
 - Helping countries achieve Global Fund MDR-TB targets
- UNITAID TBXpert grant
 - Reduced the cost of Xpert cartridges by 40%
 - TB REACH has provided USD 16.7 million to operationalize Xpert testing
 - TB REACH grantees have performed 80% of all TBXpert tests outside India



Dissemination of Experiences

- TB REACH case studies
- Peer-reviewed publications
 - Multi-grantee and methodology papers published by Secretariat
 - Over 25 grantee publications
- Union World Conferences on Lung Health
 - Over 50 oral presentations and posters at 2014 conference
 - Five sessions under consideration for 2015 conference



TB REACH in the Media

Waves 2 & 4, Uganda, The Union



The hidden epidemic: The unseen world of childhood TB

By Meera Senthilingam, for CNN

Updated 1133 GMT (1933 HKT) March 24, 2015



Editor's Note: Vital Signs is a monthly program bringing viewers health stories from around the world.

(CNN)—In today's global tuberculosis (TB) epidemic, children have become an invisible population -- dying from this curable disease because they're hard to find and difficult to diagnose. Often unseen by health services, children embody a "hidden epidemic," which public health experts are now struggling to beat.

In 2013, 550,000 children were estimated to be infected worldwide, according to the World Health Organization.

A recent project in Uganda, known as SPARK-TB, has been seeking out the undiagnosed thousands, who are often hidden amidst the urban slums of the capital city, Kampala and its surrounding districts.

"Children are expected to contribute to between 12-20% of our TB cases ... that's about 12,000 children," says Frank Mugabe, national TB program manager for the Ministry of Health in Uganda, where more than 60,000 new cases of TB are diagnosed each year. Uganda is one of the 22 high-burden TB countries globally and weakened immunity due to high rates of HIV in the population further exacerbates the occurrence of TB.

Waves 1 & 4, Tanzania, University of Munich

The New York Times

Fighting TB with a Drive-in Film and Test

By AMY MAXMEN APRIL 3, 2015 7:00 AM 3 Comments

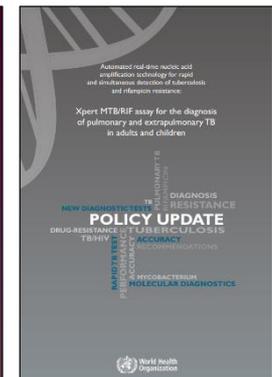
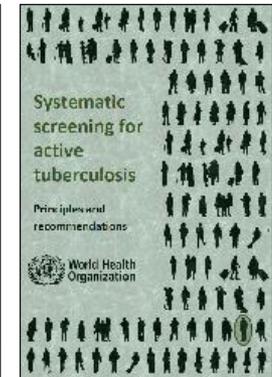


Mbeya Medical Research center employees ready the mobile lab for use at a TB Alliance community-based event, where community members can receive free TB testing. The murals on the lab were painted by community members. John-Michael Maas

Some lives hang on the distance of dusty roads, with a cure out of reach. Take tuberculosis, an ancient disease that still kills about 4,100 people each day around the world because the tests to diagnose it and the drugs to treat it are inaccessible to many in need.

Informing Global Guidance

- WHO Policy Documents
 - Xpert Policy (2010 and 2013)
 - Xpert Implementation Manual
 - Systematic screening for active TB
- TB REACH M&E framework wholly incorporated into TB CARE implementation manual for active screening guidelines (forthcoming)



From Project to Scale-Up

Investment in TB REACH
helps Global Fund
recipients achieve more
with existing funding



Scale-Up Under Global Fund

- **Afghanistan ACREOD:** National childhood TB program
- **Cambodia CENAT:** Continuation of CXR screening and Xpert testing
- **Ethiopia REACH/LSTM:** Task shifting to health workers expanding to new zones
- **Haiti GHESKIO:** Integrated TB/HIV screening with Xpert to continue
- **Moldova PAS Centre:** Rapid test for drug-resistant TB will achieve national coverage
- **Uganda Union:** Engagement with private clinics will expand to other urban centres

Funding Needs 2016-2020

Waves 1-4: USD 20 million awarded per wave for improving case detection

No funding calls since September 2013
UNITAID support will end in December 2015

Waves 5-8: Demand for USD 40 million per wave:

- Continuation and expansion of case detection grants
 - High number of unfunded, but quality applications
- New categories of grants dedicated to improving service delivery in line with the End TB Strategy
- 5-year proposal for USD 72 million (CAD 90 million) currently under consideration with the Government of Canada

Conclusion

- TB REACH has had great success in funding and assessing the impact of innovative approaches for TB detection and increasing access to care
- It is currently the only global platform dedicated to innovation in TB care
- TB REACH experiences are informing global policy and being scaled with support from other donors
- Replenishment of TB REACH is critical or we risk losing momentum for incubating and mainstreaming innovations



Thank You

Past and Present TB REACH Team:

Lucica Ditiu, Suvanand Sahu, Jacob Creswell, Nejb Ababor, Edin Karahasanovic, Mohammed Anouar, Christina Mergenthaler, Andrew Codlin and James Ayre

Acknowledgements:

The people & government of Canada; UNITAID; TB REACH PSG, PRC and grantees; and Mott MacDonald and KIT (M&E team)