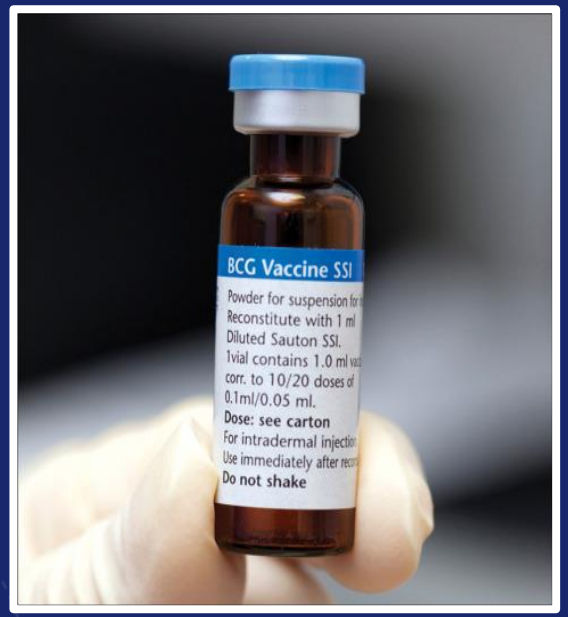
# RE-IMAGINING TB CARE

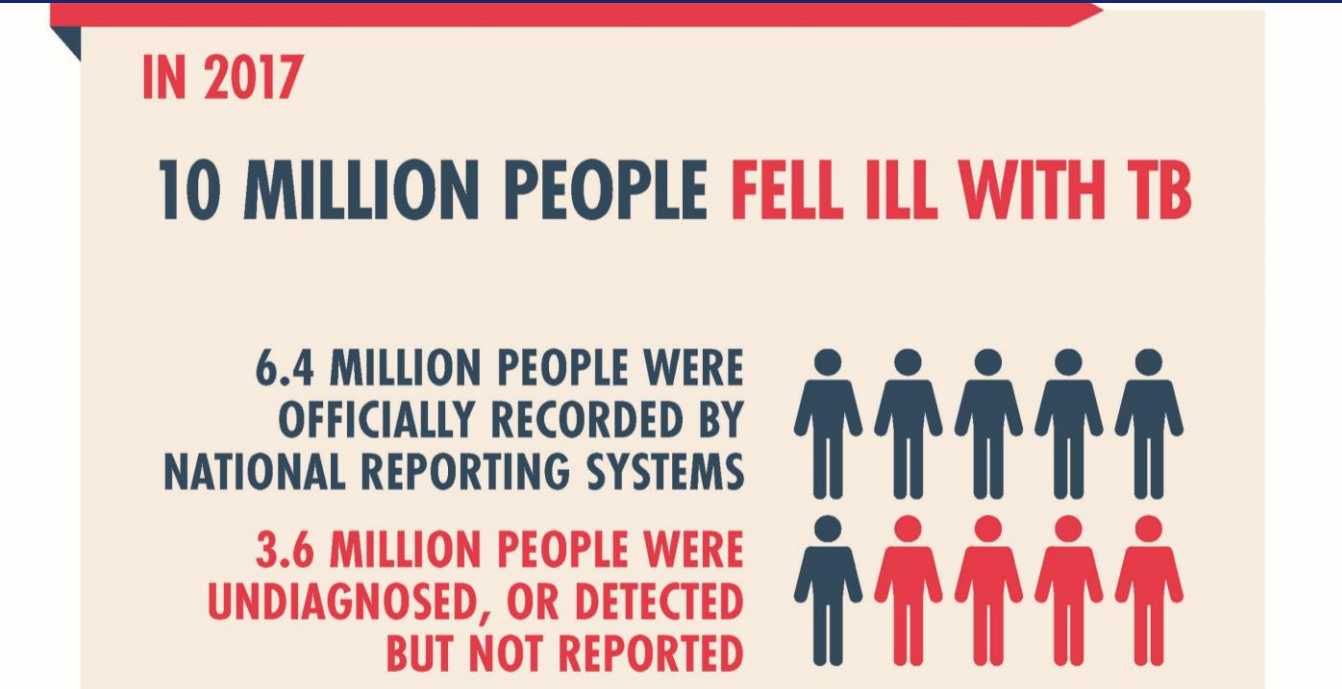
Informal Consultation
Tuesday, 29 January 2019
Geneva, Switzerland




# TB TOOLBOX TODAY




# QUALITY OF CARE TODAY



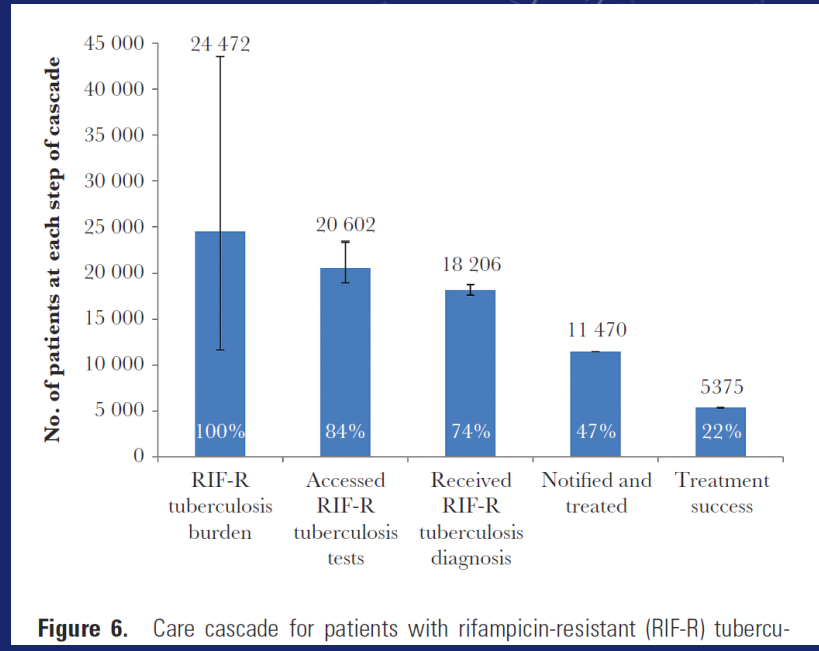




**Figure 6.** Care cascade for patients with rifampicin-resistant (RIF-R) tubercu-

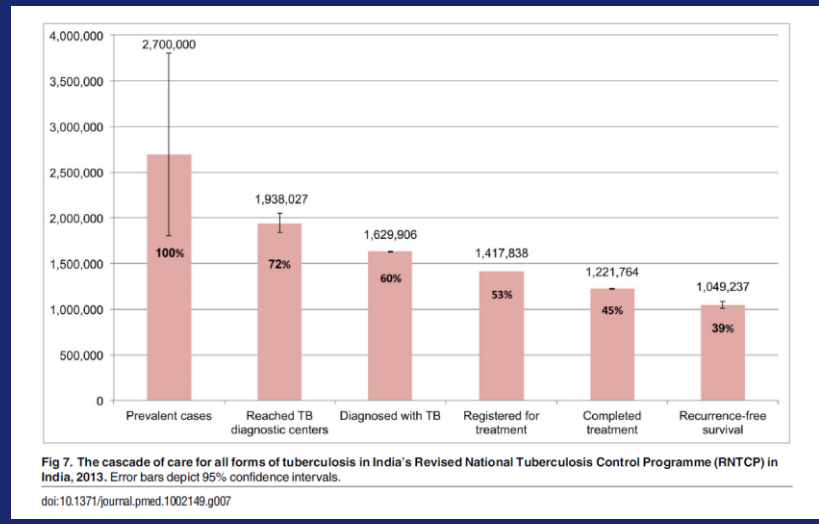



**Fig 7. The cascade of care for all forms of tuberculosis in India's Revised National Tuberculosis Control Programme (RNTCP) in India, 2013.** Error bars depict 95% confidence intervals.

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# ACTIVE TB CARE: REIMAGINED

Presumed TB


Early care seeking


Rapid Triage


Rapid Dx & DST

Sequencing confirmation

New vaccine

eTB ICT & dashboard

Patient support & direct benefits

Digital adherence support tools


Short drug regimens

# WHY NOW?

**Problem:** We cannot bend the curve with existing tools and approaches.

**However, there is now immense potential for disruption in TB care:**

- There is now a sense of optimism in TB that science is paying off.
- Several new tools are available (new vaccine candidate, shorter regimens, new diagnostics), but they have not come together to serve TB patients.
- Stakeholders, especially innovators, are beginning to see how various innovations fit into the larger ecosystem, but they need to be engaged and synergized.
- While there are PDPs focused on diagnostics, drugs, and vaccines, there are also various emerging technological solutions that do not neatly fall into these traditional product categories, such as:

# VIBRANT PRODUCT ECOSYSTEM

# CALL TO ACTION

As key stakeholders in TB, we need to re-imagine TB care by:

| | |
|---|---|
| 1 | Modernizing how and where TB care services are delivered; |
| 2 | Harnessing people-centered TB innovations; and |
| 3 | Working with high-burden countries to provide people affected by TB with an integrated TB care model that is coordinated and comprehensive. |