TB REACH

Stop TB Coordinating Board Meeting
12 July 2013
Background on TB REACH

• Promotes **early** and **increased** TB case detection using **innovative** approaches
  – Especially in poor, underserved & vulnerable
• Supported by Canadian Government (UNITAID for Xpert equipment Wave 3 onwards)
• Grants provided to projects selected on a competitive basis
  – Up to 1 million USD for 1 to 2 years
• Strong external M&E Component
Stop TB Partnership

3 Funding Waves 44 Countries
109 Grants and over 75 Million USD Committed
Based on historical trends, the number of cases would have increased by 1.2%. With the TB REACH interventions a 25.9% increase was observed. This equates to:

- Additional cases expected based on historical trends: 1.2%
- Additional cases actually found and put on treatment: 25.9%

Total: 820 cases expected versus 18043 actual cases
### Results of TB REACH Wave-1: Additional SS+ TB detected

<table>
<thead>
<tr>
<th></th>
<th>SS+ TB at baseline</th>
<th>SS+ TB with intervention</th>
<th>Trend adjusted additional SS+</th>
<th>% increase from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 28 projects</td>
<td>66,413</td>
<td>84456</td>
<td>17223</td>
<td>25.9%</td>
</tr>
<tr>
<td>24 projects with additional cases</td>
<td>52,185</td>
<td>70678</td>
<td>17241</td>
<td>33.0%</td>
</tr>
<tr>
<td>Evaluation population of 19 projects that had a control</td>
<td>37,924</td>
<td>53823</td>
<td>14226</td>
<td>37.5%</td>
</tr>
<tr>
<td>Control population of 19 projects that had a control</td>
<td>24410</td>
<td>24858</td>
<td>472</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

**Average unit cost per additional case:**
- 28 Projects: 852 USD per additional case
- 24 Projects with documented additional cases: 673 USD
- 10 best performing interventions 400 USD
Results from Wave 2

• Wave 2 Interim results:
  – 250 million population
  – with an overall negative historical trend in case notification
  – TB REACH interventions reversed the trend and increasing SS+ TB case notification by 16%
Xpert and TB REACH

- First use in a number of countries
- Deployed as close to POC as possible
- Extensive experience on operational issues
- Biggest dataset outside of South Africa
- Automated mobile phone reporting system
- Procurement mechanism for Countries and Partners

**TB REACH Xpert testing (as of June 2013)**

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<table>
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<tbody>
<tr>
<td>Tests done</td>
<td>163,617</td>
</tr>
<tr>
<td>Detected TB</td>
<td>21,231 (14%)</td>
</tr>
<tr>
<td>Detected Rif resistant TB</td>
<td>2471 (11%)</td>
</tr>
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Xpert test cartridges ordered via the GDF-TB REACH procurement mechanism

- Q1, 2012: 129,540
- Q2, 2012: 9,480
- Q3, 2012: 15,000
- Q4, 2012: 13,800
- Q1, 2013: 113,720
- Q2, 2013: 268,940
Stop TB Partnership

Examples of innovations

Mobile outreach
Community resources
Innovative transport
Innovative Lab reports
Business models
Digital X-ray screening
Slum outreach
New diagnostics
Incentives
Indigenous people
Three projects supported by TB REACH Wave 3 (started in 2013)

1. ICAP in Lesotho
2. Aurum Institute in South Africa
   – has co-funding of about 400,000 USD from 4 mining companies
3. IOM in Ghana

Experiences can be valuable for a larger response to the problem
Other outputs from TB REACH

• Improvements in treatment outcomes
• Informed global normative guidance on:
  – Contact investigation
  – Screening
  – Xpert rapid advice
• Future potential to inform guidance on:
  – Xpert use
  – TB diagnostic algorithms
• Models for care delivery
  – Social business model
  – Community engagement
• 2 peer reviewed publications and some in the pipeline
• Number of advocacy documents
Examples of TB REACH interventions that have been sustained/scaled up

• Via Global Fund
  – Lao PDR PSI TB REACH
  – Pakistan: contact Investigation experience in TBR being scaled up
  – Nepal: TB REACH interventions in Nepal shaped the GF phase 2 project
  – Myanmar and Kenya: some of the TB REACH interventions
  – A number of other projects under consideration
    • Ethiopia LHTM project, Benin, Uganda
  – In a number of countries Xpert cartridges post-TB REACH

• Other sources of funding
  – PEPFAR: Tanzania Mbeya province TBR project, CIDRZ Zambia project in prisons
  – JICA: Part of the Afghanistan AATAP project
  – Domestic funding: India Union TBR project
Midterm Evaluation of TB REACH initiative

• Conducted by CEPA (Cambridge Economic Policy Associates)

• Key observations
  – TB REACH is a "relevant and value-added initiative"
  – Design of TB REACH’s funding support is effective and works well
  – High level of demand from countries
  – Successfully funded innovative approaches leading to additional TB cases detected amongst high risk population groups and in high-burden countries
  – Efficient functioning of the Secretariat and the independent M&E agency
Key recommendations

- The level of strategic direction by its governance bodies can be enhanced
- Greater attention to, and investment on, promoting the sustainability and scalability of successful approaches
- "Our assessment is that TBR serves a unique and arguably unmet need for improved/early case detection, and given its overall effective performance to date, the initiative should aim to diversify its resource base and continue to support and scale up innovative approaches to TB case detection in countries."
Wave 4

• Process:
  – 2 stage selection process: LOI followed by application
  – Timeline: Call for LOI in Aug 2013 and final selection in Jan/Feb 2014

• Tracks of funding
  1. Scale up track
  2. Local CSO track
  3. Mining track (incentivize co-funding)
  4. Xpert track (existing UNITAID commitment)
  5. Other vulnerable groups
Discussion Points

1. What concrete steps are needed to ensure that successful TB REACH projects are sustained and their interventions are scaled up for impact.
   - Formal systematic approach with Global Fund


3. Guidance regarding the areas on which TB REACH should focus, that will stimulate innovations in care delivery from partners.
Thank you

A special thanks to all Partners who conceived and implemented TB REACH projects

TB REACH acknowledges the support provided by the Govt. of Canada and UNITAID