SYNERGISING THE ROADMAPS ON ENDING TB IN CHILDREN & ADOLESCENTS, AND PUBLIC-PRIVATE MIX TO END TB

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Global TB Programme
World Health Organization
OVER HALF A MILLION CHILDREN MISS OUT ON ACCESS TO QUALITY CARE
THE BIG SEVEN

- India: 2,690,000 fell ill with TB (1,700 - 7,100), 1,990,000 people with TB notified, 1,905,000 children missed.
- Indonesia: 845,000 fell ill with TB (770,000 - 923,000), 700,000 people not notified or not diagnosed, 2,248,000 children missed.
- Myanmar: 181,000 fell ill with TB (119,000 - 256,000), 138,000 people with TB notified, 32,590 children missed.
- Nigeria: 429,000 fell ill with TB (280,000 - 609,000), 104,000 people with TB notified, 64,610 children missed.
- Pakistan: 562,000 fell ill with TB (399,000 - 754,000), 360,000 people with TB notified, 38,640 children missed.
- Philippines: 591,000 fell ill with TB (332,000 - 924,000), 372,000 people with TB notified, 41,160 children missed.
- Bangladesh: 357,000 fell ill with TB (260,000 - 449,000), 267,000 people with TB notified, 90,000 children missed.

Rough calculations based on data from the Global TB Report.

~ 400,000 children missed are in the Big 7.
• PPM is a key component of WHO’s End TB Strategy
• WHO policies and global and national TB strategies have long acknowledged the need to engage all care providers, through PPM approaches.
• PPM encompasses diverse collaborative strategies.
  • **Public–public mix** refers to engagement by the NTP of public sector providers of TB care that are not under the direct purview of the NTP (e.g. public hospitals, public medical colleges, prisons or detention centres, military facilities, railways and public health insurance organizations).
  • **Public-private mix** refers to engagement by the NTP of private sector providers of TB care (e.g. private individual and institutional providers, the corporate or business sector, mission hospitals, nongovernmental organizations and faith-based organizations).
NEW OPPORTUNITIES FOR ACTION

• **Renewed high-level attention** towards closing the gaps in care, could facilitate a major increase in private provider engagement for TB in the coming years: UNHLM, Find.Treat.All & Strategic Initiatives

• **Positive and promising examples** can set an example for other countries inspiring them to be more ambitious. E.g. India, India, Pakistan, Bangladesh, etc. with rising PPM notifications

• **New digital technologies** facilitate the engagement of all providers by transitioning from paper-based data to digital, case-based registration systems.

• **Access to new and improved diagnostic and treatment tools**, such as digital chest x-ray, Xpert and shorter MDR-TB regimens, has increased the value of collaboration to independent providers

• **Social health insurance schemes** in some countries are approaching full population coverage and will provide an opportunity to drive access to quality TB care amongst all providers.
LAUNCH OF THE PPM ROADMAP AND LANDSCAPE IN 2018

PROGRESS SHARED AT 14TH PPM WORKING GROUP MEETING
PPM trends 2012-2018

Contribution of public-public mix to TB case notifications in eight countries, 2012–2018

- Afghanistan
- Bangladesh
- China
- India
- Indonesia
- Philippines
- Thailand
- Viet Nam
PPM trends 2012-2018

Contribution of public-private mix to TB case notifications in eight countries, 2012–2018

[Graphs showing trends for Bangladesh, Ethiopia, India, Indonesia, Kenya, Myanmar, Pakistan, and Philippines]
Focusing on countries where PPM can make a difference

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (thousands)</th>
<th>TB incidence rate</th>
<th>TB incidence (thousands)</th>
<th>MDR incidence (thousands)</th>
<th>Notifications, new and relapse (thousands)</th>
<th>Treatment coverage rate</th>
<th>Missing cases (thousands)</th>
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<tbody>
<tr>
<td>India</td>
<td>1340</td>
<td>204</td>
<td>2740</td>
<td>135</td>
<td>1787</td>
<td>65%</td>
<td>953</td>
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<tr>
<td>Indonesia</td>
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<td>842</td>
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<tr>
<td>Nigeria</td>
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<td>418</td>
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<tr>
<td>Philippines</td>
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<td>581</td>
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<td>364</td>
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<td>262</td>
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<td>322</td>
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<td>Kenya</td>
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<td>319</td>
<td>158</td>
<td>3</td>
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<td>74</td>
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<tr>
<td>Myanmar</td>
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<tr>
<td>Angola</td>
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<tr>
<td>Thailand</td>
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CLOSING THE GAP OF THE MISSING CHILDREN & ADOLESCENTS WITH TB IN THE BIG SEVEN

ROUGH CALCULATIONS BASED ON DATA FROM THE GLOBAL TB REPORT

INDIA
2,690,000 FELL ILL WITH TB (1,700 - 7,100)
1,990,000 people with TB notified
190,500 CHILDREN MISSED

INDONESIA
845,000 FELL ILL WITH TB (770,000 - 923,000)
564,000 people with TB notified
22,480 CHILDREN MISSED

MYANMAR
181,000 FELL ILL WITH TB (119,000 - 256,000)
138,000 people with TB notified
32,590 CHILDREN MISSED

NIGERIA
429,000 FELL ILL WITH TB (280,000 - 609,000)
104,000 people with TB notified
64,610 CHILDREN MISSED

PAKISTAN
562,000 FELL ILL WITH TB (399,000 - 754,000)
325,000 people with TB notified
38,640 CHILDREN MISSED

PHILIPPINES
591,000 FELL ILL WITH TB (332,000 - 924,000)
372,000 people with TB notified
41,160 CHILDREN MISSED

BANGLADESH
357,000 FELL ILL WITH TB (260,000 - 449,000)
267,000 people with TB notified
9,000 CHILDREN MISSED

7200 CHILDREN MISSED

World Health Organization
1. **Build understanding about patient preferences and the rationale for engaging all care providers**
   - Strong evidence base critical to transform mindsets as well as secure high-level commitment and investment e.g.

2. **Set appropriately ambitious targets**
   - Develop and set high-profile targets to scale up the engagement of private providers in partnership with relevant stakeholders. **Include children and adolescents!**
   - Essential to promote accountability and unite diverse stakeholders in a common effort.
   - Meaningful indicators including on effective coverage, quality of care and financial protection.
3. Advocate for political commitment, action and investment
   ▪ Build high-level commitment to “business unusual” approaches
   ▪ Create an environment in which all health care providers are

1. Strengthen advocacy at all levels
   Targeting: Political leaders, global, regional and national advocacy partnerships, civil society, religious leaders, public figures/opinion leaders

4. Ensure adequate funding for private provider engagement, including by capitalizing on financing reforms for Universal Health Coverage
   ▪ Prioritization of private provider engagement must be

4. Increase funding for child and adolescent TB programmes
   Targeting: Advocacy partners, donors, government leaders, policy-makers

World Health Organization
5. Partner with intermediaries and key stakeholders

3. Foster functional partnerships for change
   Targeting: Government, academia, donors, implementing partners, civil society, members of affected communities, private sector partners

6. Establish a supportive policy and regulatory framework
   - Tool to drive engagement
   - Enforcement challenges but digital technologies can help operationalization

7. Adapt flexible models of engagement applicable to local contexts
   - No single implementation model
   - Flexible and outputs focused
8. **Harness the power of digital technologies**
   - Recording and reporting
   - Treatment support

9. **Deliver a range of financial and non-financial incentives and enablers**
   - Trust and keeping promises
   - Non-financial incentives may be more powerful
   - Providers should be compensated commensurate to their work

10. **Monitor progress and build accountability**
    - Justify continued financial support for PPM activities
    - Build accountability, as well as fine-tune PPM operations and target resources effectively.

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2. **Foster national leadership and accountability**
   **Targeting:** Policy-makers, national and district level programme managers, civil society, communities

9. **Improve data collection, reporting and use**
   **Targeting:** Policy-makers, programme managers, health workers, monitoring and evaluation staff
6. Implement and expand interventions for prevention
Targeting: Policy-makers, relevant health programmes including TB, HIV, primary health care and community health, implementing partners

7. Scale up child and adolescent TB case-finding and treatment
Targeting: National policy-makers, donors, relevant programmes in ministries of health (e.g. TB, HIV, MNCAH, nutrition), district health programme managers, technical partners, private sector partners, health care workers

8. Implement integrated family- and community-centred strategies
Targeting: Policy-makers, managers of relevant programmes at national and district level, implementing partners, civil society

10. Encourage child and adolescent TB research
Targeting: Policy-makers, academia, donors, implementing partners, private sector
**Timeline and targets**

**Financing**
- Further increases in Global Fund grant allocations to PPM
- Data available on resource allocation for PPM in priority countries

**Coverage**
- NTPs in priority countries have improved the understanding of patient pathways and the role of all providers

**Outcomes / targets**
- 13 Strategic Initiative countries achieve target of detecting 1.5 million additional TB cases
- Priority countries agree on enhanced PPM dashboard and targets

**Monitoring / evaluation**
- PPM priority countries analyse data on outcomes by type of notifying provider
- Composite indicator of alignment of TB services with health systems developed and tested

**Outcomes / targets**
- 30 high TB burden countries reach 90% treatment coverage target of the End TB Strategy and Find.Treat.All.#EndTB Initiative
Milestones in implementation of the key actions of the revised Roadmap

**Short term by 2020**
- Two-year progress report on implementation of key actions*
- Sustained high profile of child and adolescent TB at all levels and increased domestic funding for child and adolescent TB
- Functional working groups/task forces and funded targeted national strategic plans that address child and adolescent TB
- Functional partnerships bringing countries together

**Medium term by 2023**
- Five-year comprehensive review of progress*
- Sufficient domestic funding for integrated, family-centred and sustainable programmes
- Successful models of care implemented and scaled up
- New diagnostic approaches for systematic TB detection in vulnerable children

**Long term by 2030**
- End the TB epidemic globally in line with the SDGs target and begin moving towards TB elimination
- Strategic alignment of TB services with mixed health system in use by PPM priority countries

Engaged for TB at scale in 100% of priority countries
USING THE ROADMAPS TO DRIVE ACTION TO END TB
IT’S TIME FOR ACTION