

New approaches to TB case detection

TB REACH overview

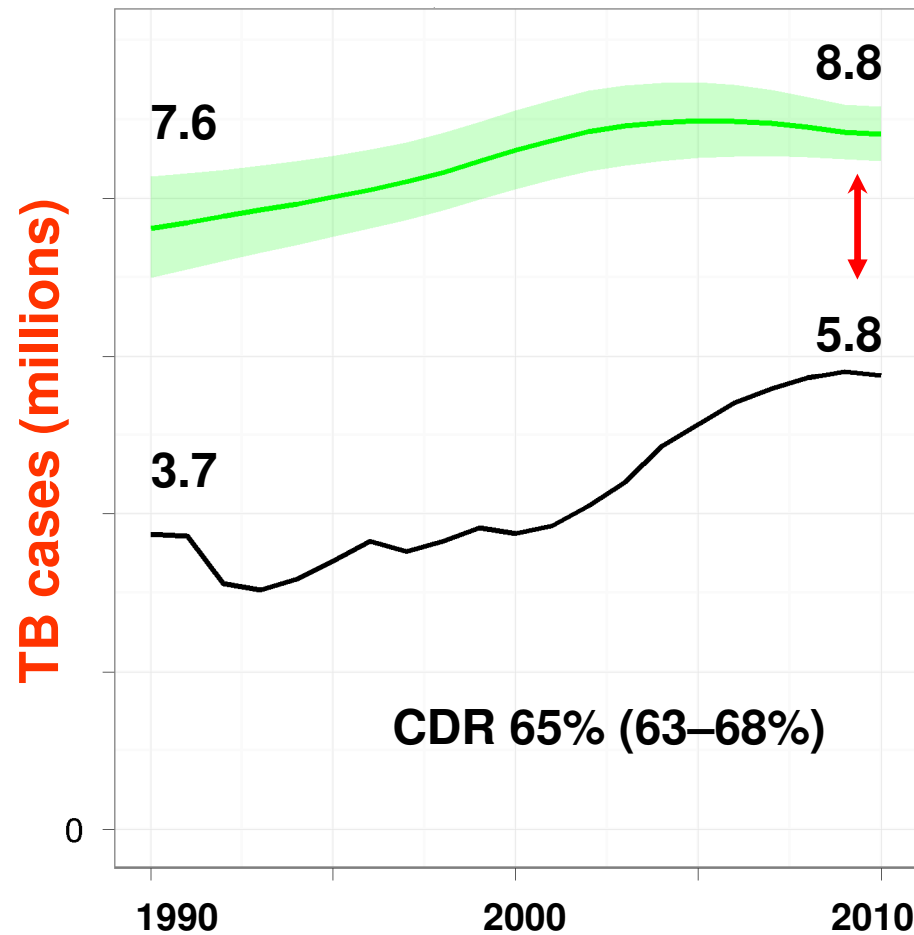
Suvanand Sahu
Stop TB Partnership Secretariat

Outline

- Why new approaches for TB case detection
- Approaches used in TB REACH
- Preliminary results

TB case detection gap

3 million people with TB missing

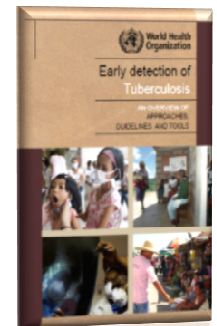
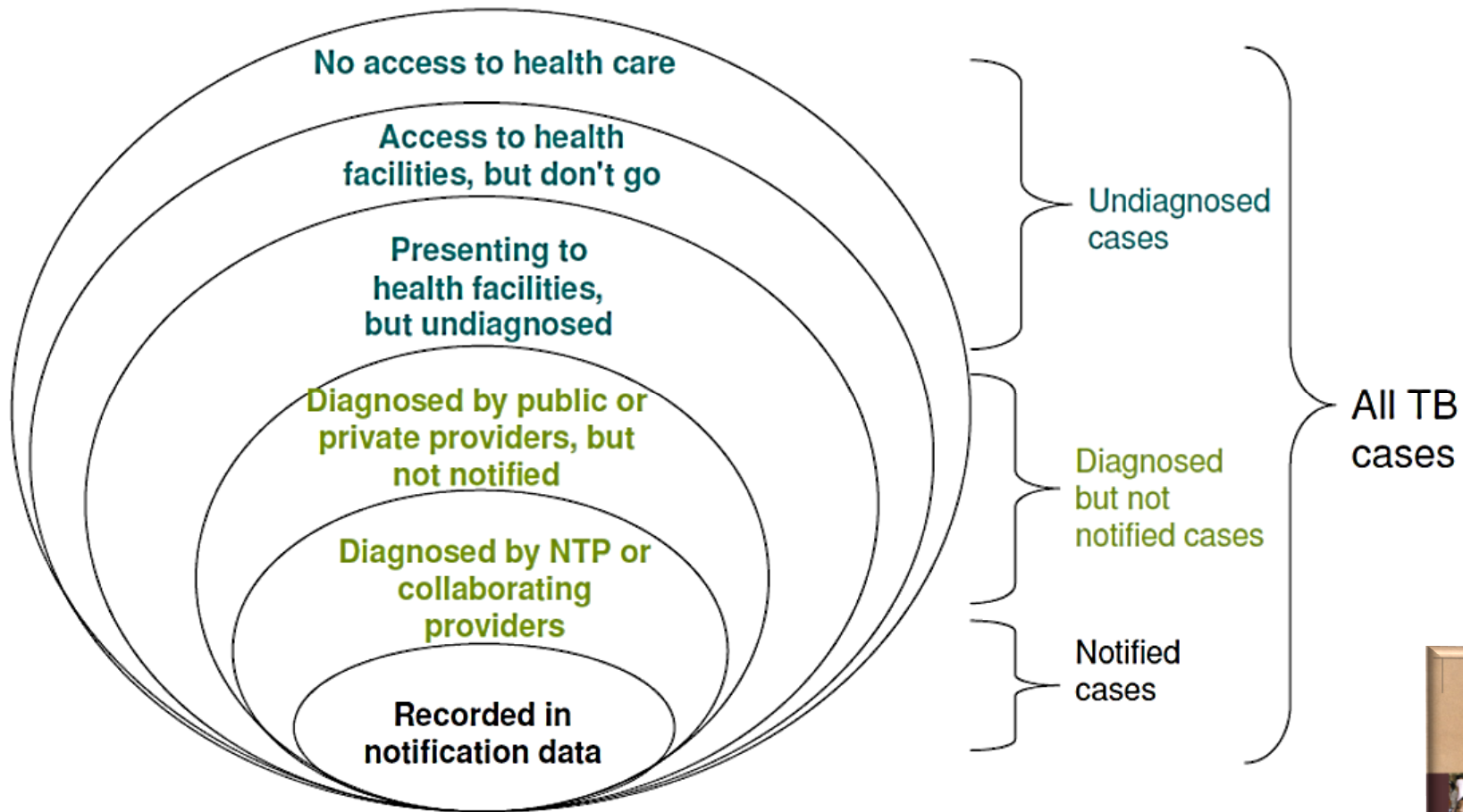


Estimated incidence

Cases detected and notified



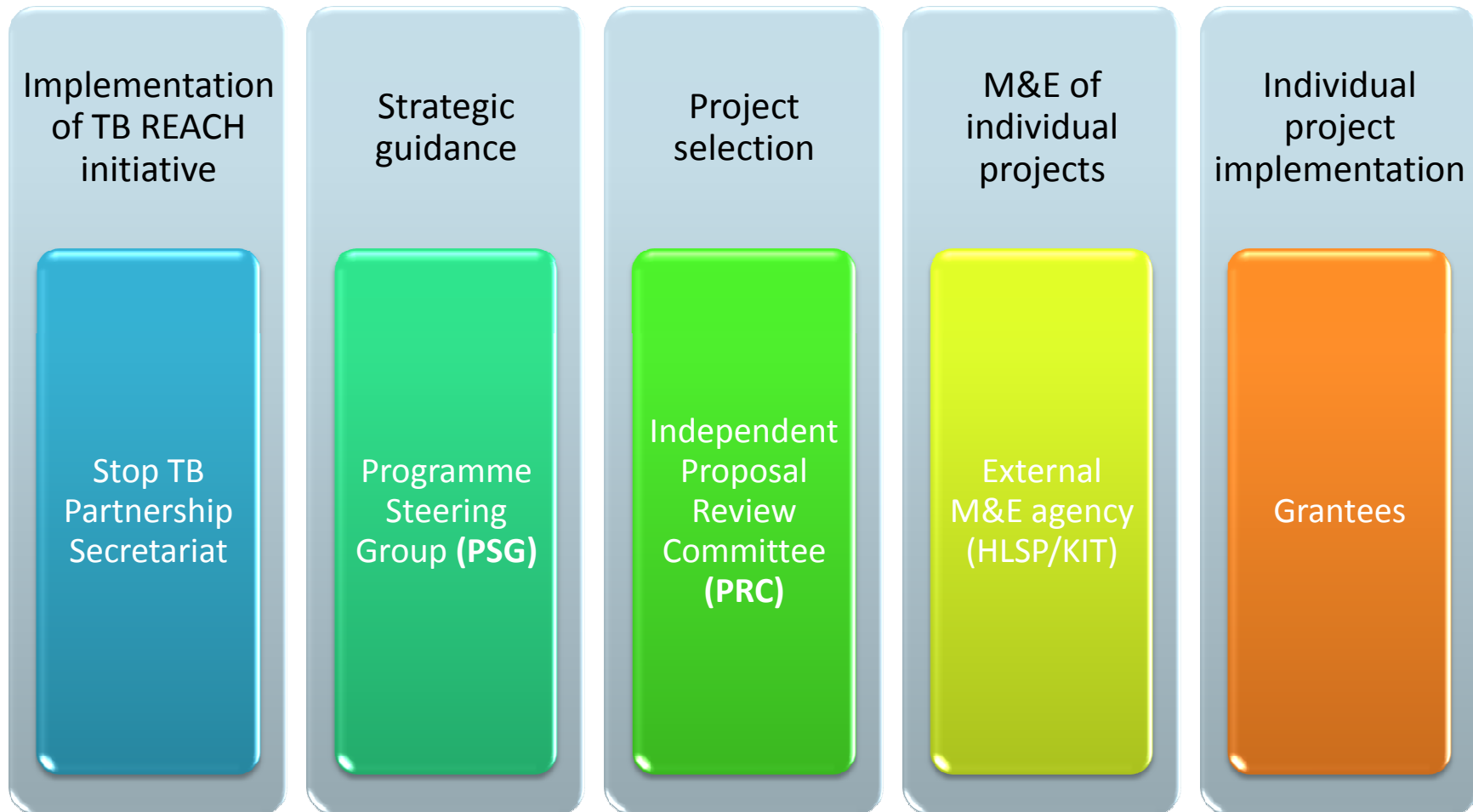
Where are missing cases



TB REACH

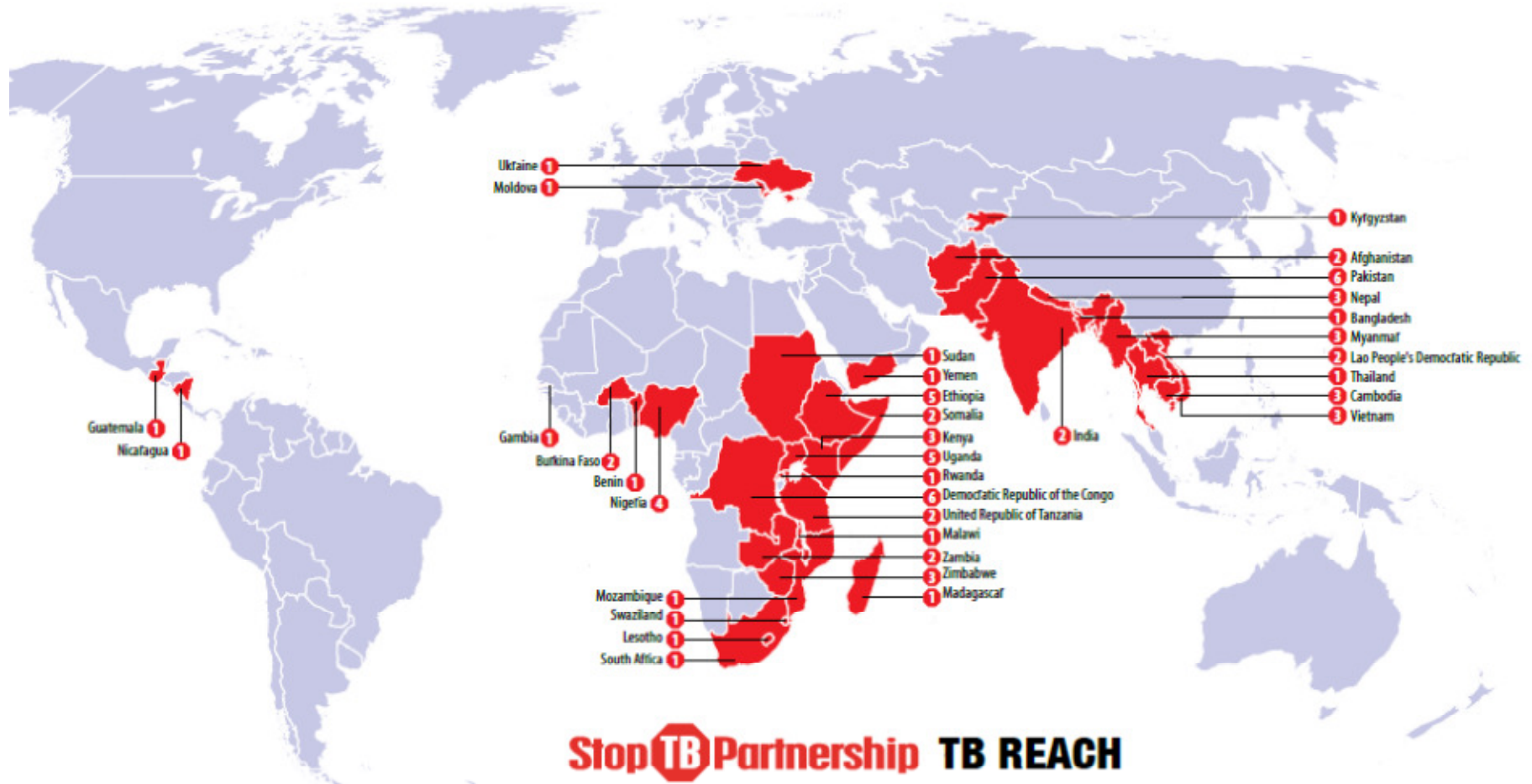
- Initiative to promote **early and increased** TB case detection using **innovative** approaches
 - In poor, underserved & vulnerable populations
- Provides **fast track short term** funding
 - Up to 1 million USD per project for one year
 - possibility for second year extension
- Competitive selection of projects for funding
- Open to all possible applicants
 - Govt. as well as non-govt. and civil society organizations
- Supported by a multi-year CIDA Grant to the Partnership

TB REACH



TB REACH Waves 1 and 2

Total 75 projects in 36 countries; total about US\$50 million committed

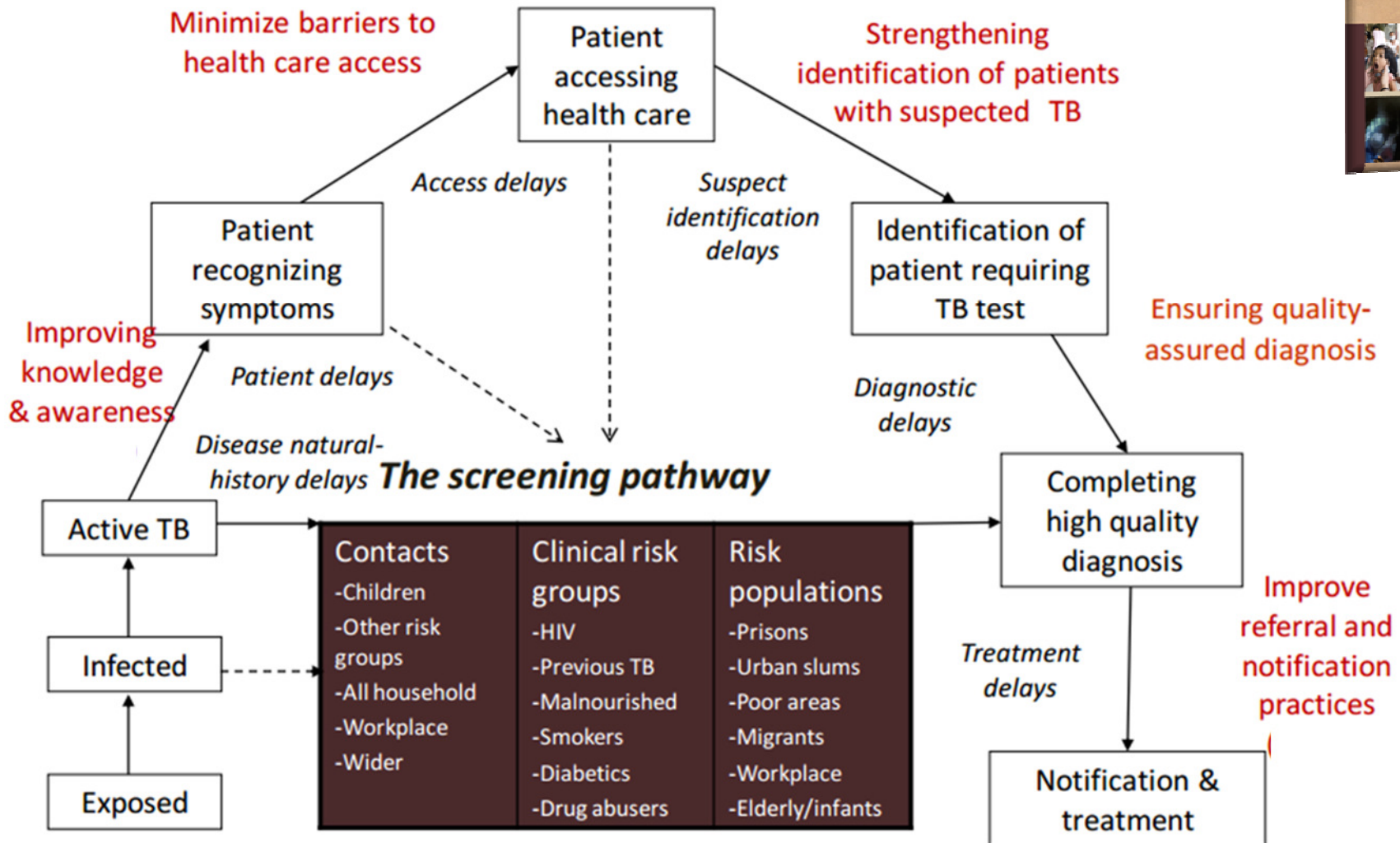
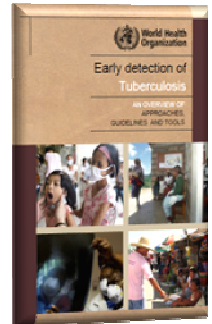


TB REACH Grantees



TB case detection pathways

The patient-initiated pathway



Case finding approaches

Screening pathway



Contacts



Urban slums



PLHA



Children



Prisoners



IDPs & migrants



Indigenous population



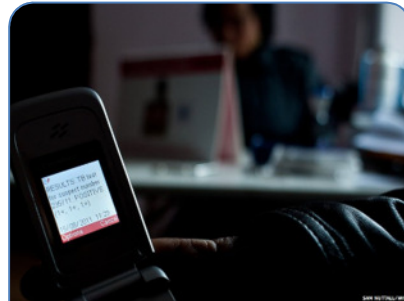
Pvt. Clinics / pharmacists

Case finding approaches

Patient initiated pathway



Specimen transport



Lab result reporting



Public-private mix



Chest camps



Awareness



CCT



Difficult terrain



Mobile van

Case finding approaches

Diagnostics



LED FM



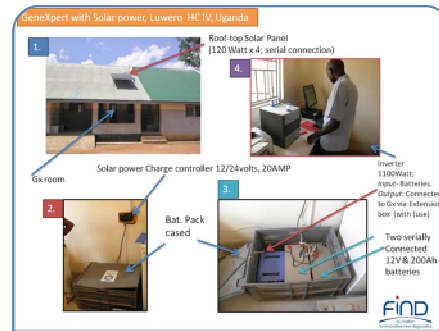
Xpert



Xray



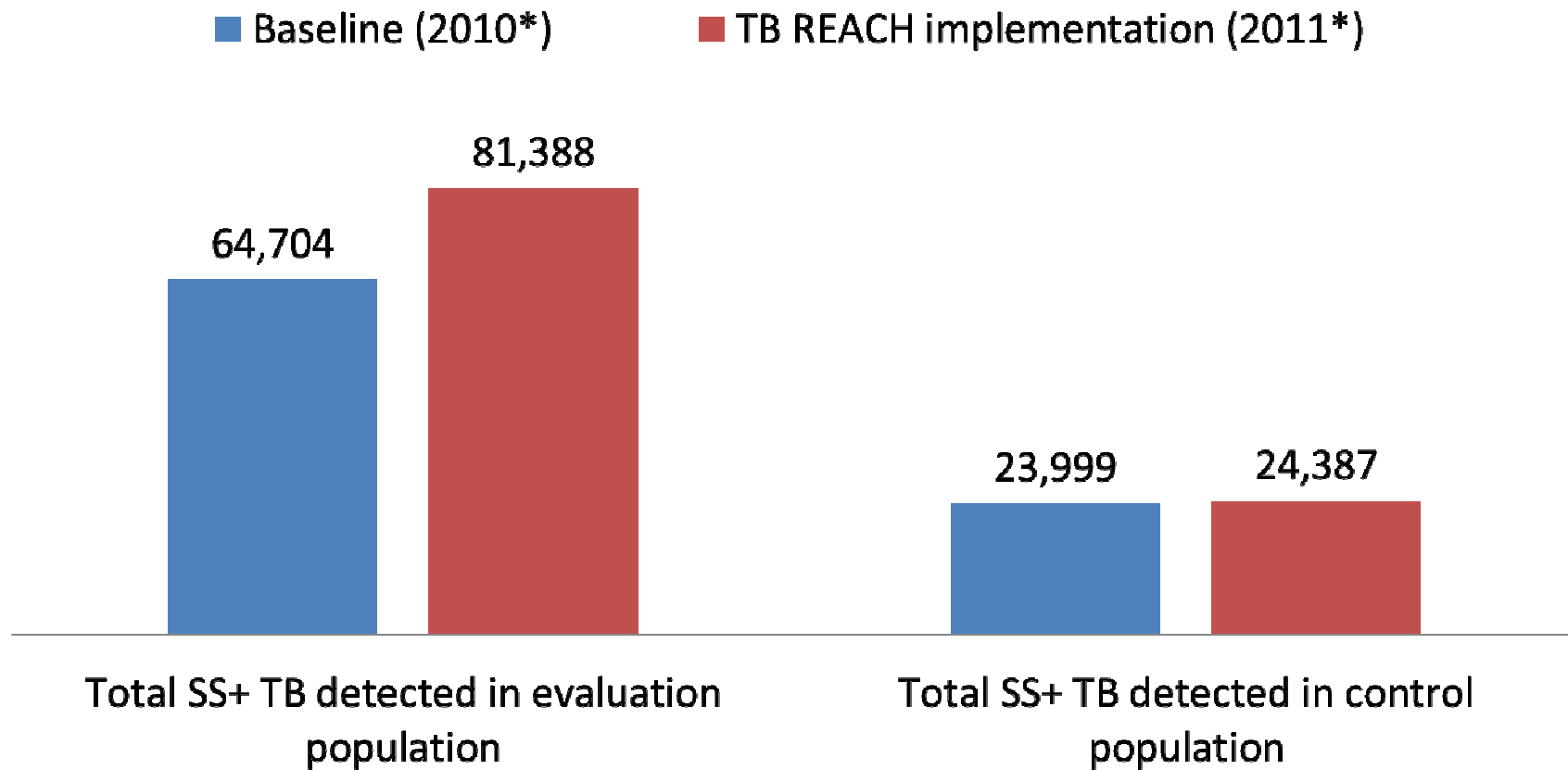
Same day diagnosis



Innovative power supply

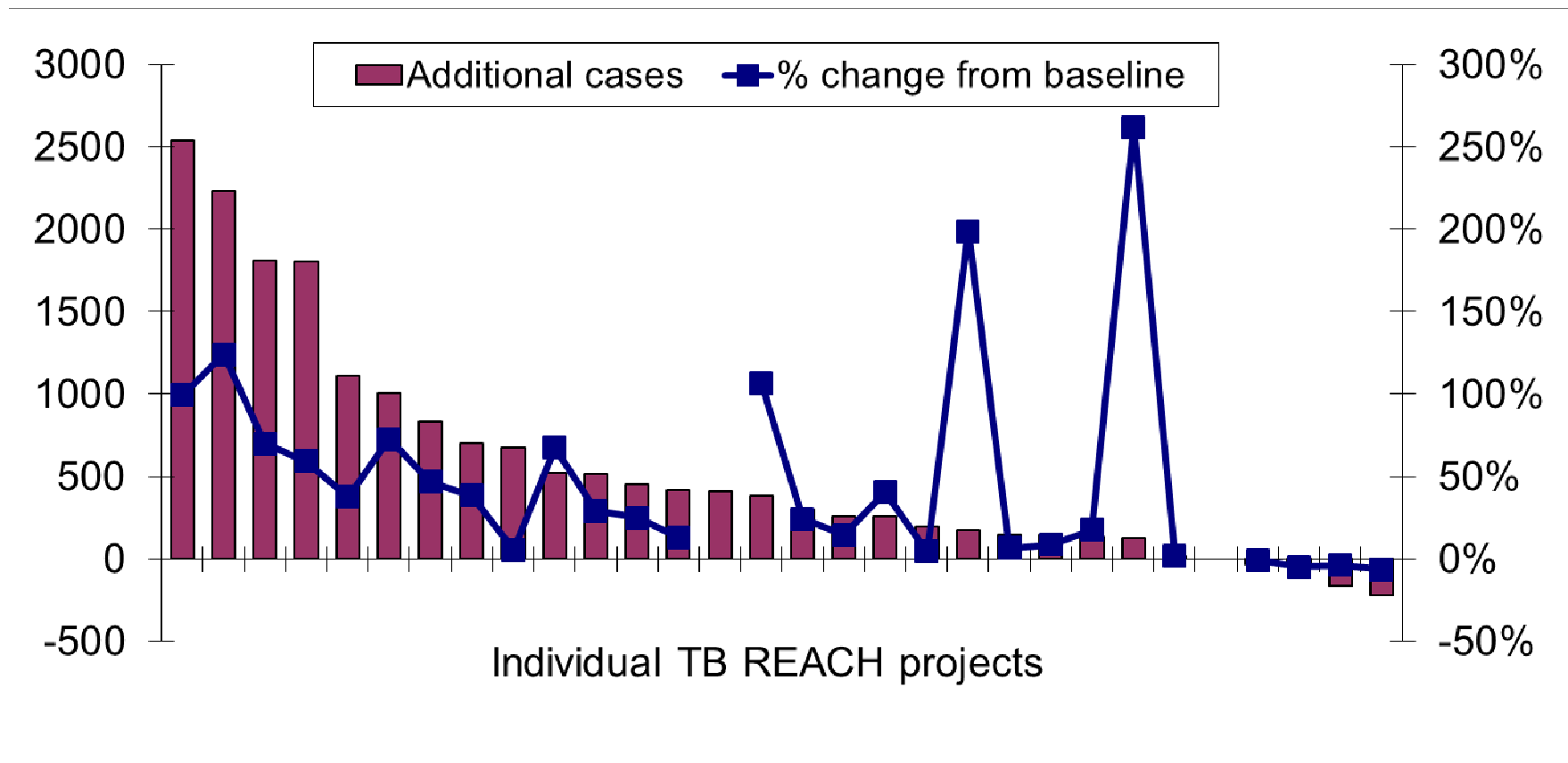
TB REACH Wave-1: Preliminary results

One year data for 2011 from 30 projects



Additional* cases detected individual TB REACH Wave 1 projects

Preliminary data unadjusted for control population, implementation period and external factors



*Additional cases are those that would not have been detected in the evaluation population (NTP BMUs) in the absence of TB REACH project

Successful approaches...1

- **Outreach** – most successful approach and best value for money
 - by field health workers and community volunteers
 - by engaging private care providers
 - specimen collection and transport to lab
 - use of mobile phones
 - by mobile van in some situations

Successful approaches..2

- Screening
 - Contact investigation if done systematically
 - Active screening of IDPs
 - Urban slum population
 - Chest camps, community volunteers
- Laboratory intervention
 - Successful if well packaged in other more active case finding approaches

Comments on other interventions

- HSS interventions - slow to implement and results so far not good
- Introduction of new diagnostic technology - high start-up costs but recurring cost will be low (e.g. LED FM, digital X-ray) – may be good value for money in the long run
- Screening in prison - high start-up cost, slow to implement due to administrative bottlenecks and yield of absolute number of cases is low
- Screening of migrants – with the exception of IDP and refugee settlements migrants are a difficult to access group and results so far have not been encouraging
- Case detection interventions among certain population is more expensive due to complexity in diagnosing TB – e.g. children

Wave 2

- Increased demand (318 applications)
- 45 selected for funding
- Projects have started at the end of 2011
- 30 of 45 projects included GeneXpert
- TB REACH-GDF procured over 150 Xpert machines and over 250,000 test cartridges within last 6 months
- Also procured additional machines for Expand-TB, WHO and a few countries



Wave 3 coming in July 2012



Thank you



- Acknowledgements
 - TB REACH Grantees
 - HLSP/KIT
 - TB REACH Secretariat
 - TB REACH PSG and PRC
 - Frontline health workers and patients in TB REACH projects