



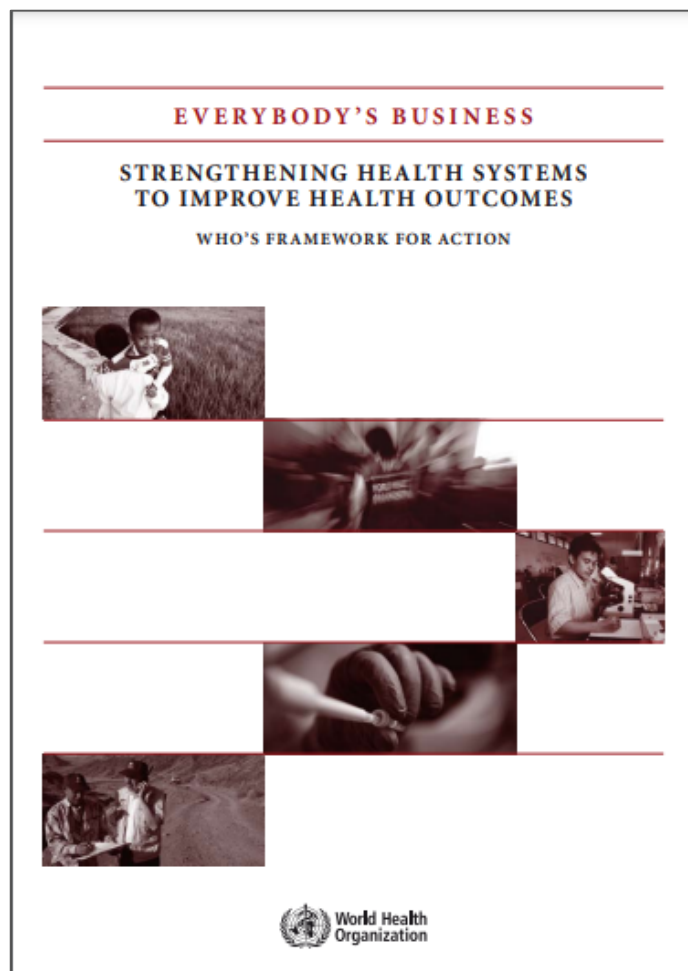
# Strengthened Health Care Systems for Ending TB

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**Global Tuberculosis Programme**  
**World Health Organization**



**Swiss TPH Hybrid Symposium, 21-22 March 2023**





## Strengthening Health Systems to Improve Health Outcomes

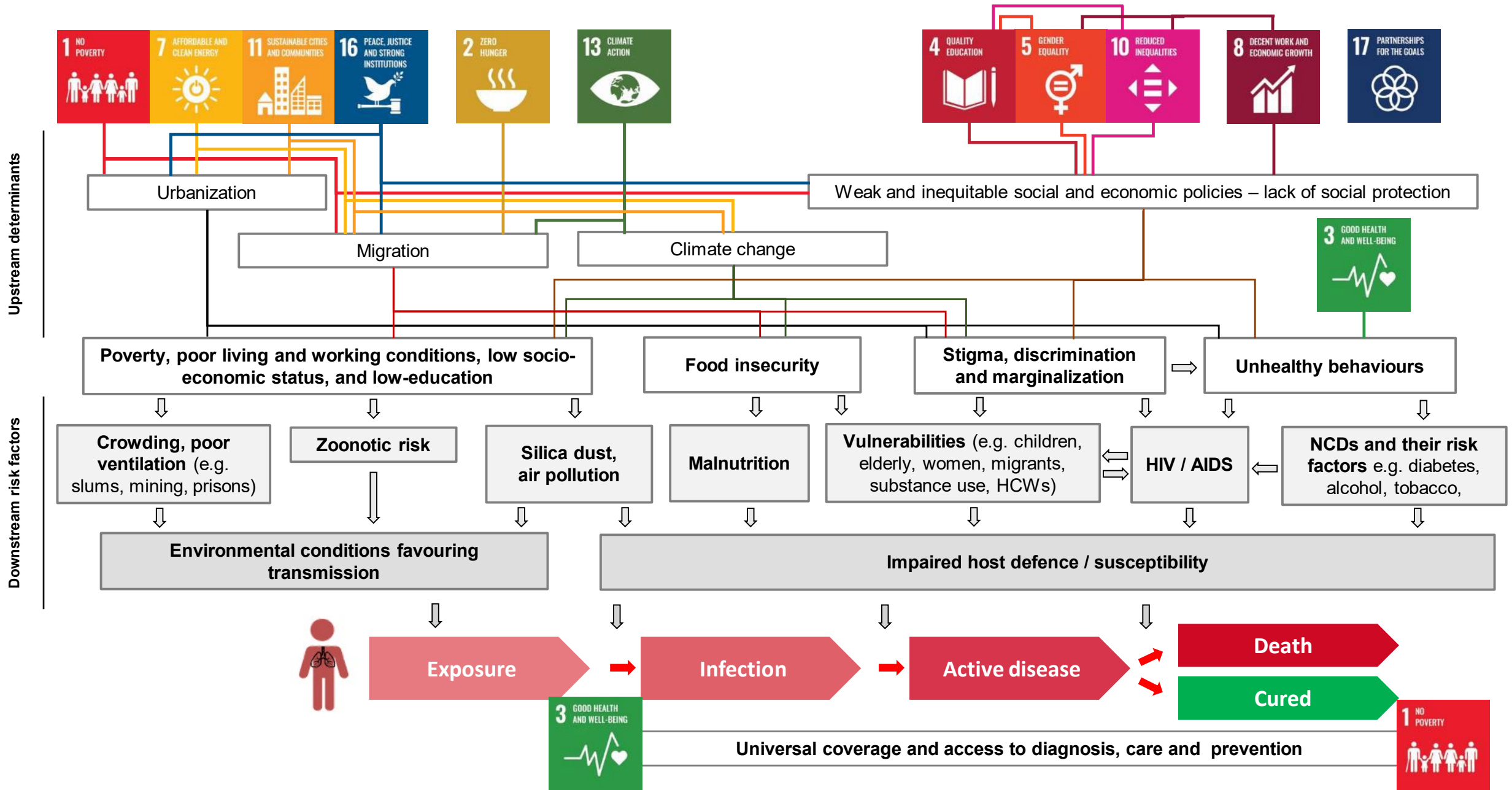
*“A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities.*

*A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services.”*

<https://apps.who.int/iris/handle/10665/43918>



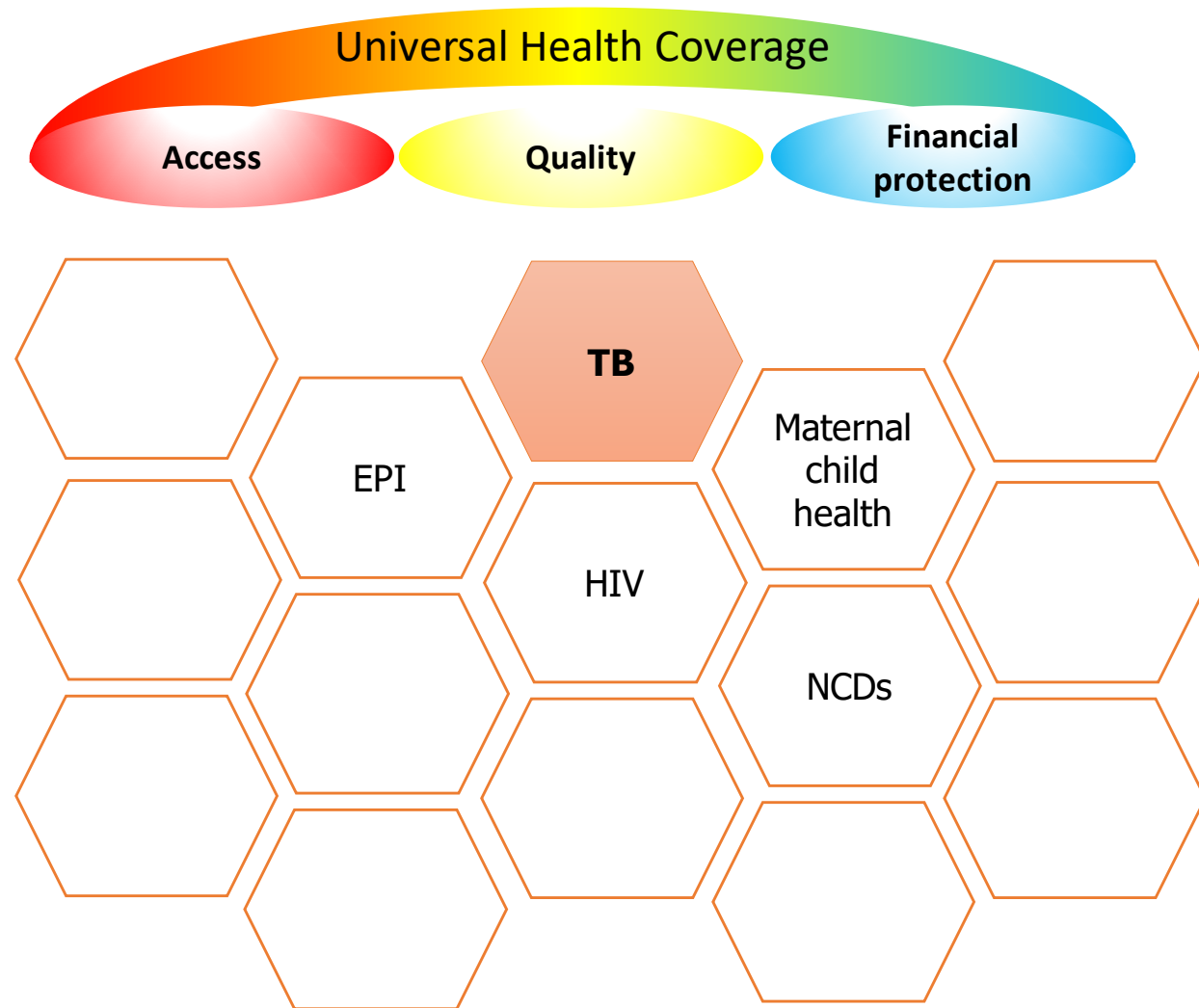
# Interconnectedness of the cause and effect of TB disease



# Health System, TB care and UHC

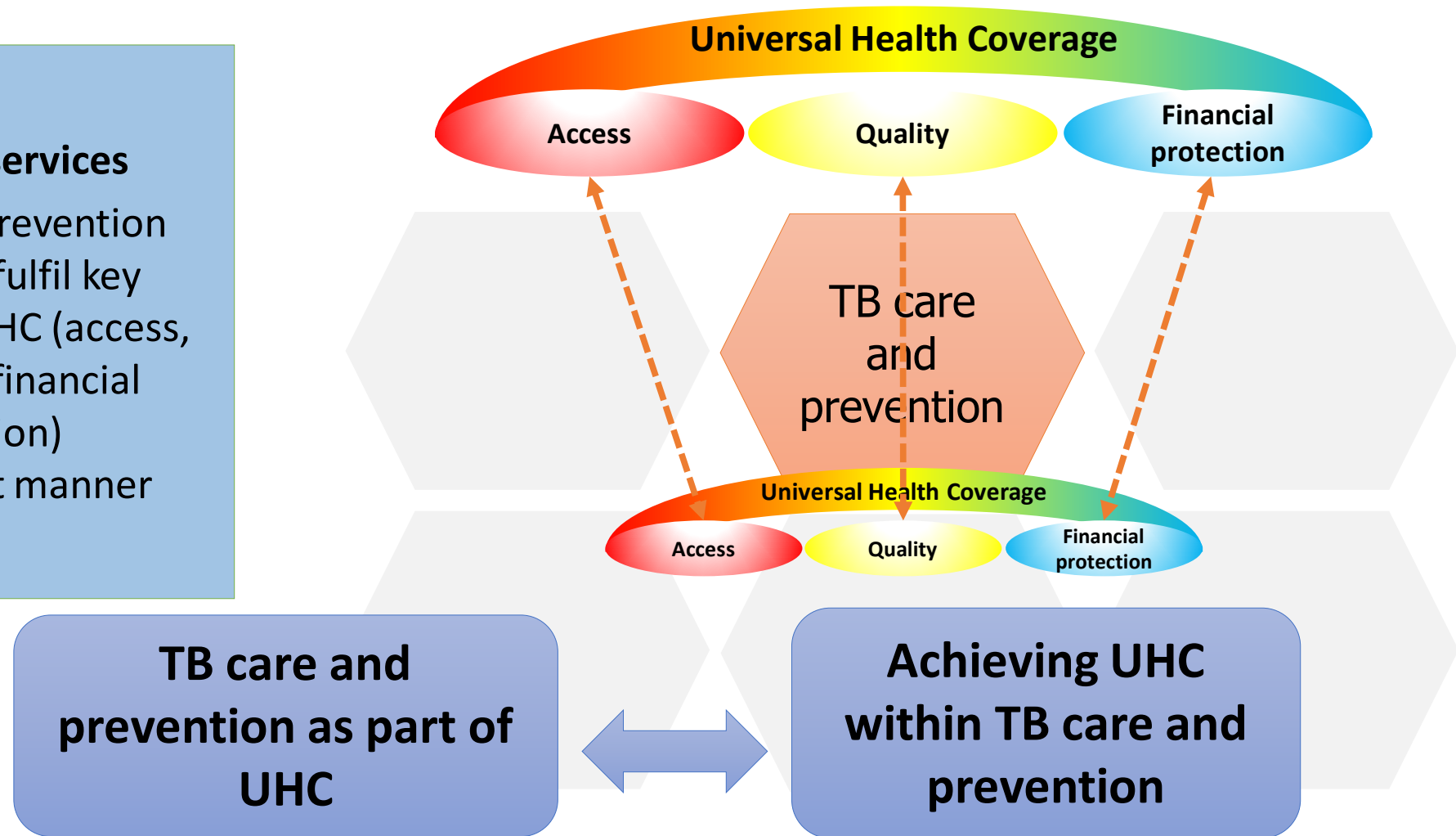
## Within health system

Effective TB care and prevention, including essential public health functions, should be a core integral part of the health system function towards UHC



# Health System, TB care and UHC

**Within TB services**  
TB care and prevention should also fulfil key attributes of UHC (access, quality and financial protection) in a coherent manner

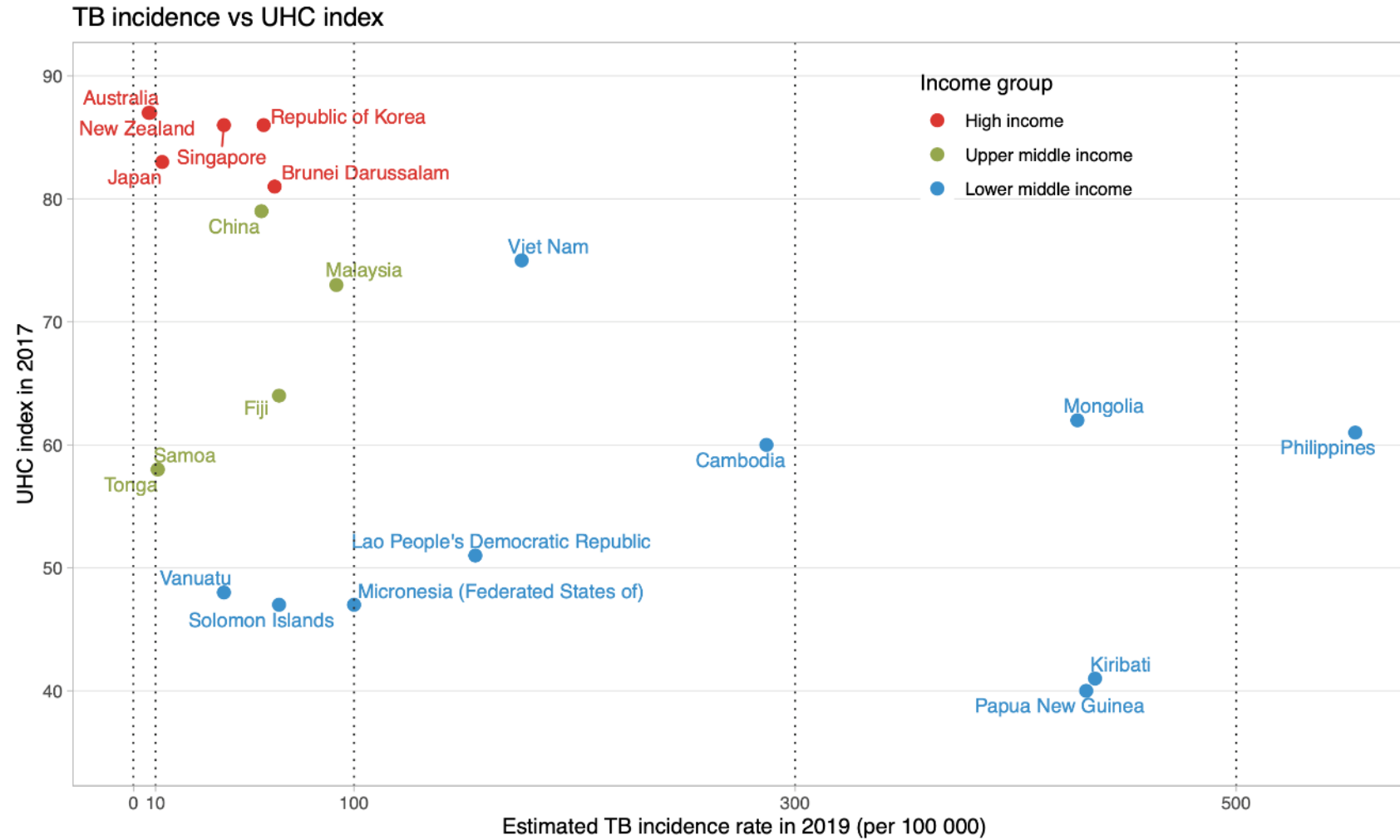




# Self-similarity created by transcending principles



# Association of UHC attainment and TB incidence





# The COVID-19 pandemic has reversed years of progress made in the fight to end TB



Actions to mitigate and reverse the impact of the COVID-19 pandemic on access to essential TB services are urgently needed

**INVEST**  
TO END TB  
SAVE LIVES



The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV

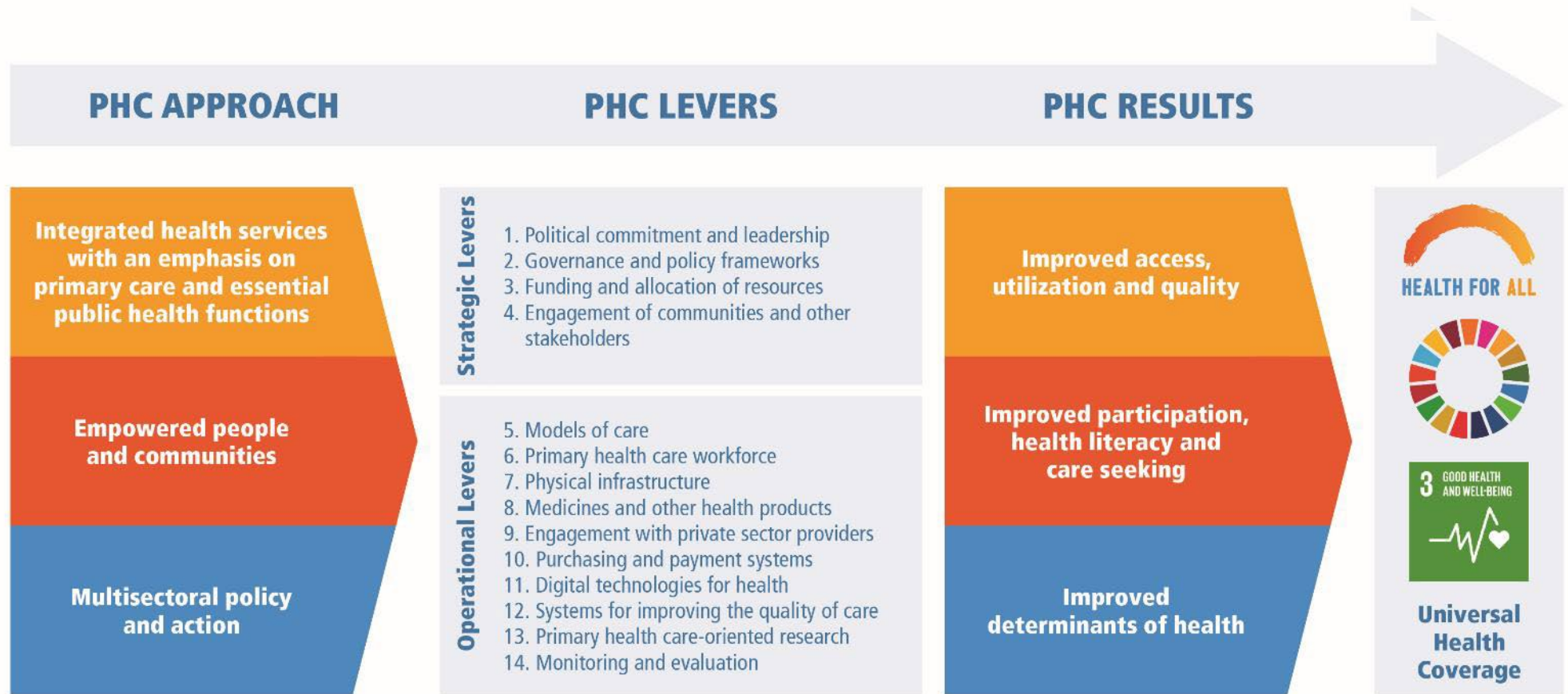


## COVID-19 significantly impacts health services for noncommunicable diseases





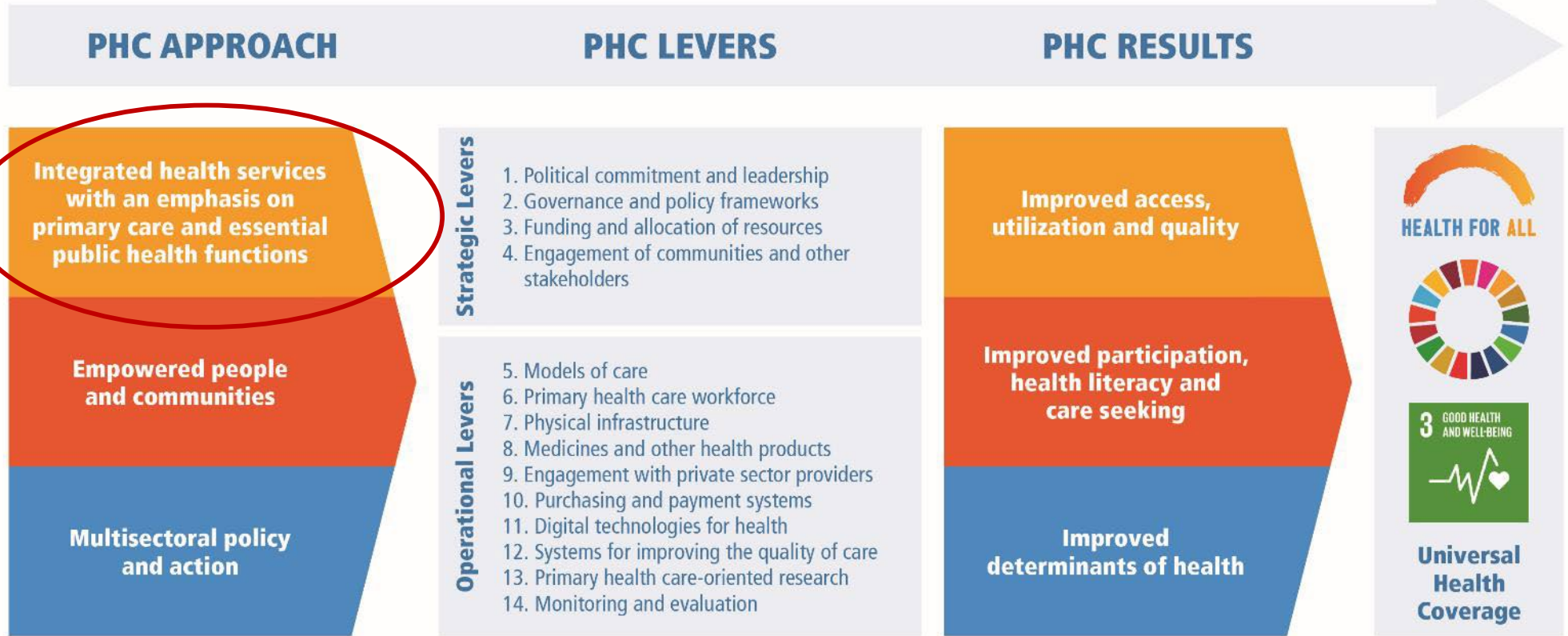
# Operational Framework for primary health care to strengthen health systems



<https://www.who.int/publications/i/item/9789240017832>



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# THE END TB STRATEGY



## Vision:

**A world free of TB**

*Zero TB deaths, Zero TB disease, and Zero TB suffering*

## Goal:

**End the Global TB epidemic**

### PILLAR 1

Integrated, patient-centered TB care and prevention



### PILLAR 2

Bold policies and supportive systems



### PILLAR 3

Intensified research and innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration

## How pillar 1 works : Key components



A. Early diagnosis of TB including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups

B. Treatment of all people with TB including drug-resistant TB, and patient support



D. Preventive treatment of persons at high risk; and vaccination against TB

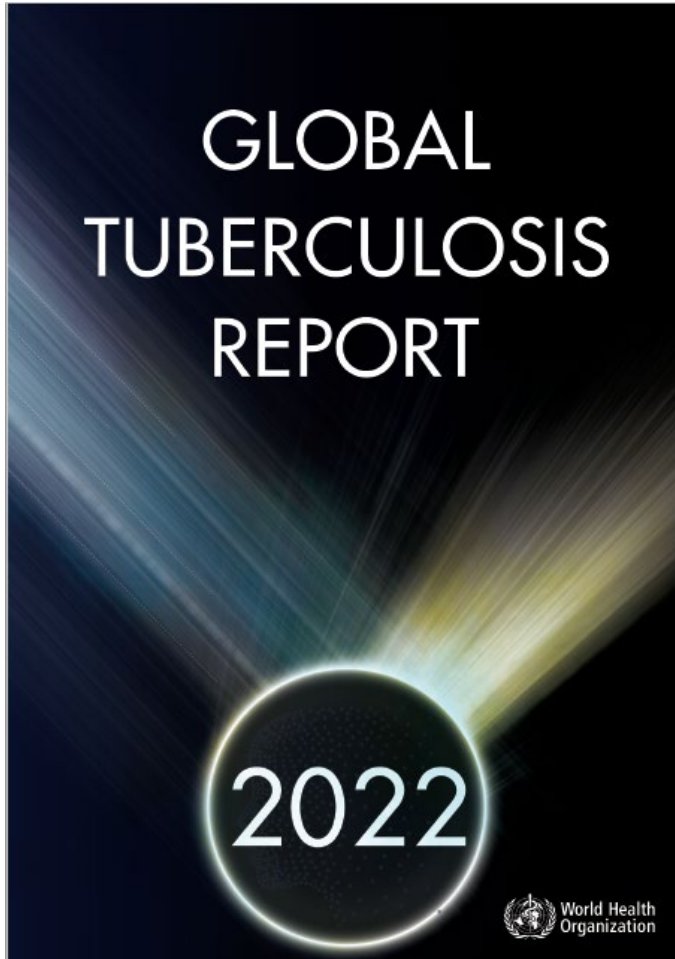
C. Collaborative TB/HIV activities; and management of co-morbidities



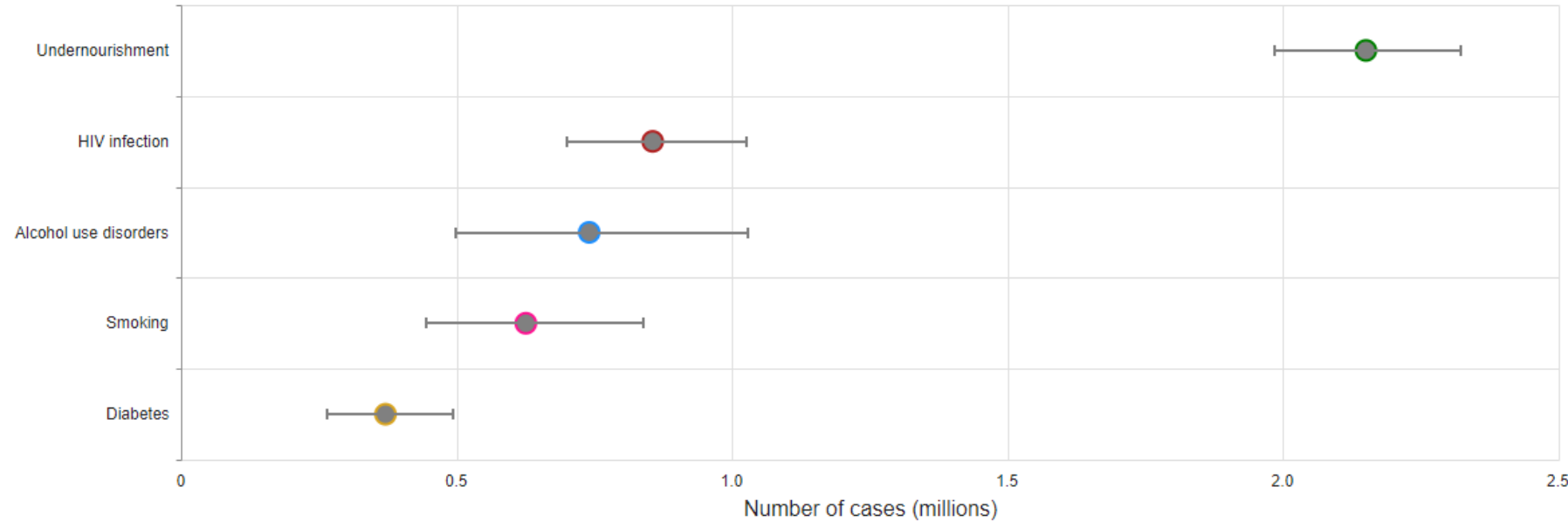
World Health Organization



# Key drivers of the global TB epidemic



Global estimates of the number of TB cases attributable to health-related risk factors, 2021



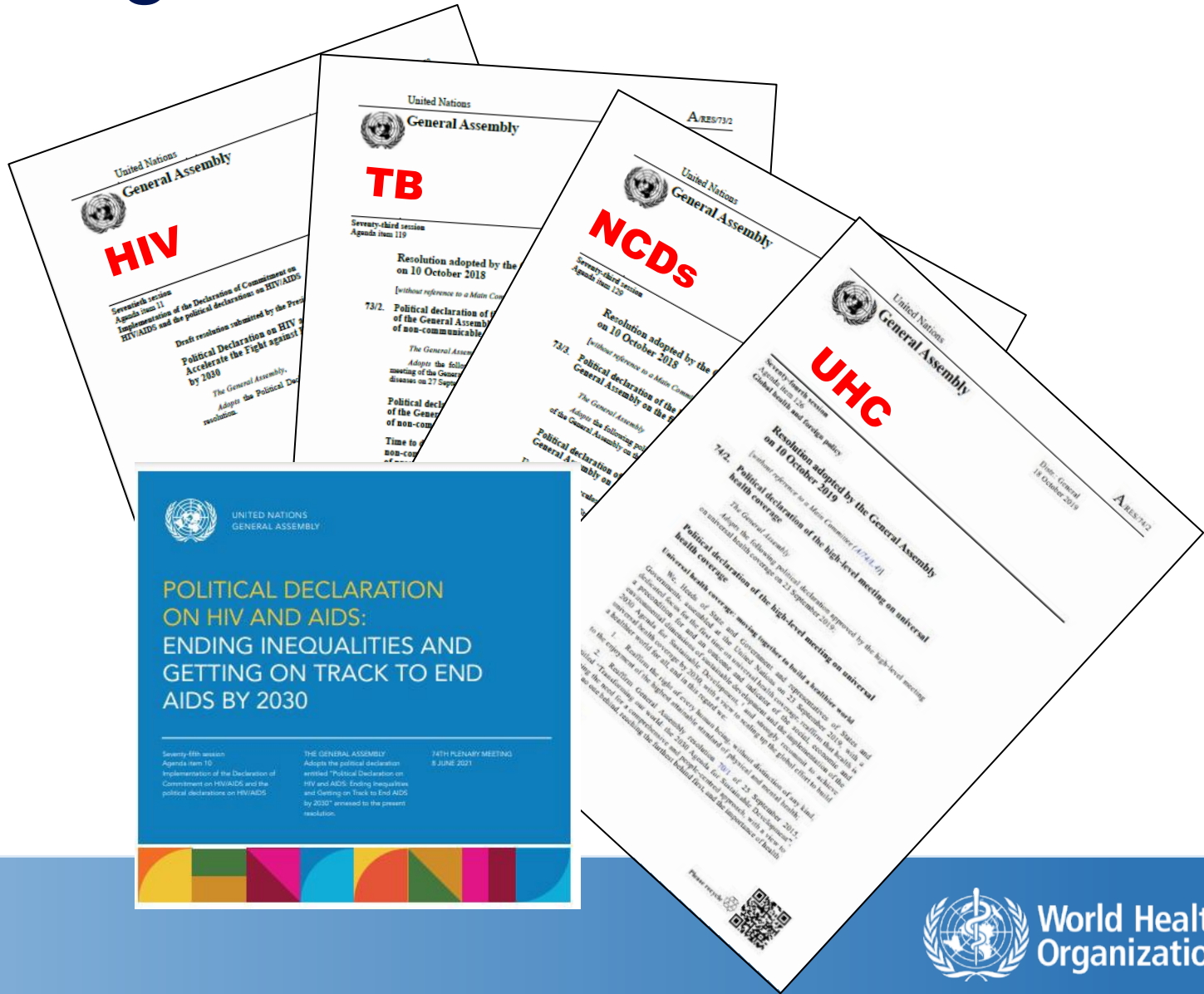
Sources of data used to produce estimates were: Imtiaz S et al. Eur Resp Jour (2017); Hayashi S et al. Trop Med Int Health (2018); Lönnroth K et al. Lancet (2010); World Bank Sustainable Development Goals Database (<http://datatopics.worldbank.org/sdgs/>); WHO Global Health Observatory (<https://www.who.int/data/gho/>); and WHO Global TB Programme.

42%<sup>1</sup> of people with TB have mental disorders -> increased risk of TB treatment delay, multi-drug resistant TB, loss-to-follow-up and death

1. Alene et al BMC medicine (2021) 19:203



# UN High Level Meeting Commitments



## Commitments to:

Strengthen integrated care of TB, HIV, NCDs, tobacco and substance use disorders, malnutrition and mental health disorders in the context of Universal Health Coverage



# WHO guidelines on TB and comorbidities



## Findings from TB Policy and NSP Review in 30 High TB burden countries

- Poor uptake of action on TB and comorbidities
- Mismatch between TB guidelines and TB NSPs
- Mismatch between TB NSPs and NSPs of other programmes within countries
- Few countries had indicators to monitor and evaluate uptake





# Strengthening integrated health services

**Framework** for collaborative action on tuberculosis and comorbidities



## **Reduce the burden of TB among people with health-related risk factors and comorbidities**

Find and treat TB among people with key health-related risk factors for TB disease, through screening or intensified case-finding, diagnosis and appropriate treatment

Prevent TB among people with identified health-related risk factors through the provision of TB preventive treatment and infection prevention and control

## **Reduce the burden of comorbidities among people with TB**

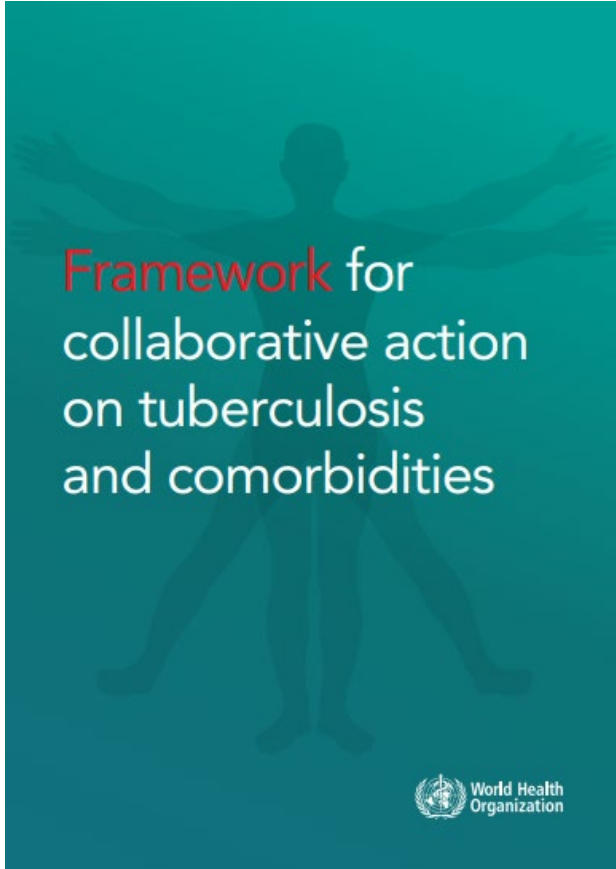
Find and treat comorbidities among people with TB through screening, diagnosis and treatment of comorbidities associated with poor TB treatment outcomes

Prevent comorbidities among people with TB

<https://www.who.int/publications/i/item/9789240055056>



# Strengthening integrated health services



**Objective**

To establish and strengthen collaboration across health programmes and across sectors for delivering people-centred services for TB and comorbidities

<https://www.who.int/publications/i/item/9789240055056>



- ✓ Indicators & targets adopted
- ✓ Strengthened surveillance
- ✓ Joint M&E scaled-up
- ✓ Joint reviews
- ✓ Operational research



- ✓ Strengthen political commitment
- ✓ Joint coordination of partners & stakeholders
- ✓ Supportive financing and legislation
- ✓ Engagement of civil society and affected communities

**ACTIONS TO SCALE UP PEOPLE-CENTRED CARE FOR TB AND COMORBIDITIES**



- ✓ Joint burden assessed
- ✓ Access & financial burden (client perspective) assessed
- ✓ Health services mapped
- ✓ Gaps & root causes identified



- ✓ Comorbidities, gaps & interventions prioritized
- ✓ Models of integrated care defined and PHC oriented
- ✓ Collaborative planning & budgeting
- ✓ Joint advocacy and communication

- ✓ Policies & SOPs
- ✓ Strengthen workforce including at community level
- ✓ Access to essential equipment, medical products & medicines
- ✓ Access to social protection
- ✓ Uptake of digital technologies



# Case study: Collaborative action on TB and diabetes, Mexico

## Context

People with diabetes have higher risk of TB disease and poor TB treatment outcomes. Diabetes prevalence is rising rapidly globally.

## Key actors

Ministry of Health, primary care facilities

## Intervention

Bidirectional screening for TB and diabetes; treatment provided in same primary care clinic

## Scale-up

Regular meetings between health programmes foster collaboration  
Priority facilities selected based on joint burden of TB and diabetes  
Nurses were trained to conduct bi-directional TB and diabetes screening  
Guidelines on TB and diabetes incorporated in national TB guidelines  
Joint indicators capture joint burden and progress of collaborative action

## Key lessons

National guidelines and phased scale-up according to joint burden facilitate implementation of collaborative action for TB and diabetes

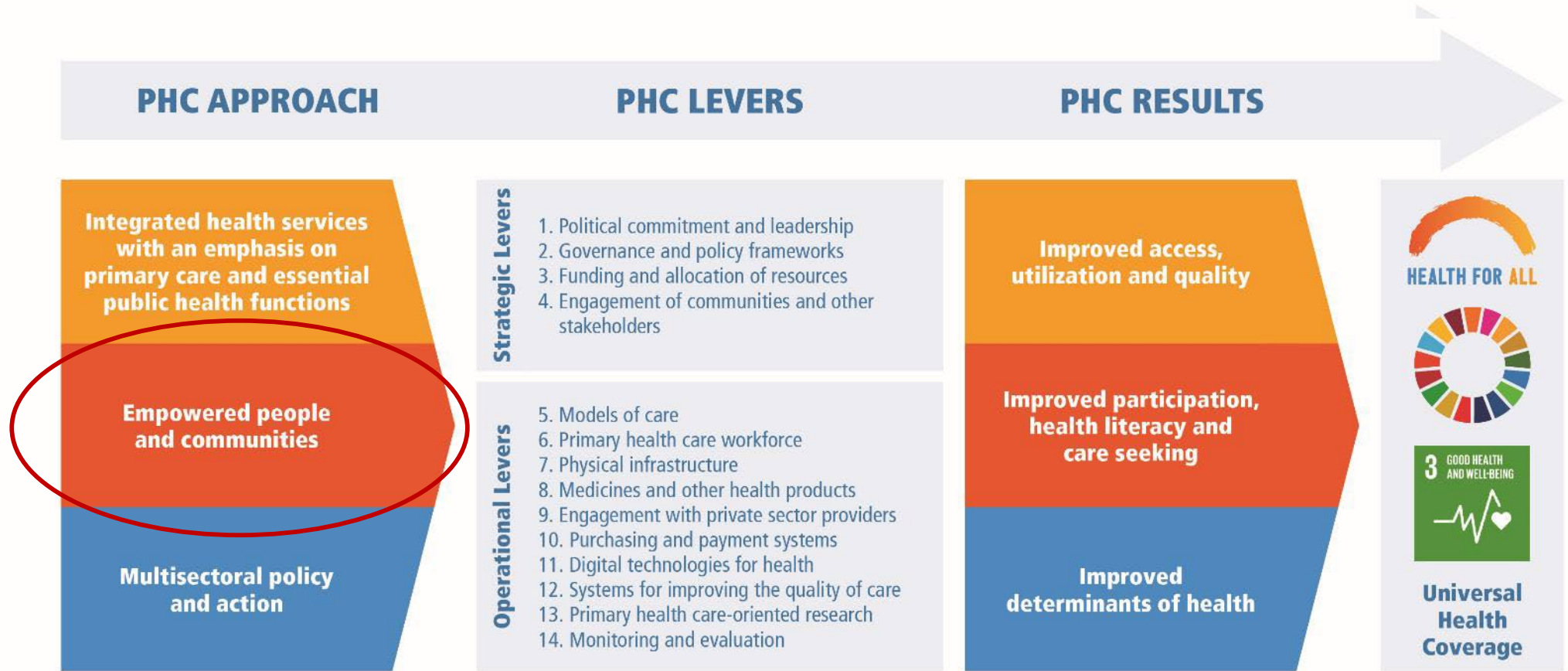


Photo:

[https://www3.paho.org/hq/index.php?option=com\\_content&view=article&id=9114:2013-pahos-project-on-dm-tb-brazil-mexico&Itemid=39447&lang=es](https://www3.paho.org/hq/index.php?option=com_content&view=article&id=9114:2013-pahos-project-on-dm-tb-brazil-mexico&Itemid=39447&lang=es)



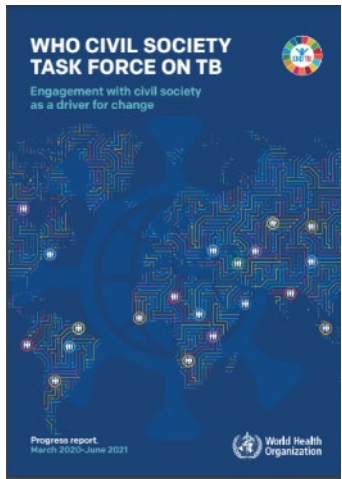
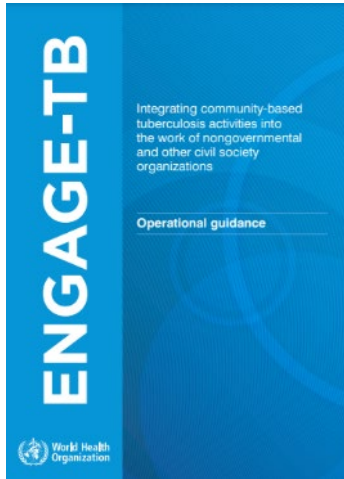
# Operational Framework for primary health care to strengthen health systems



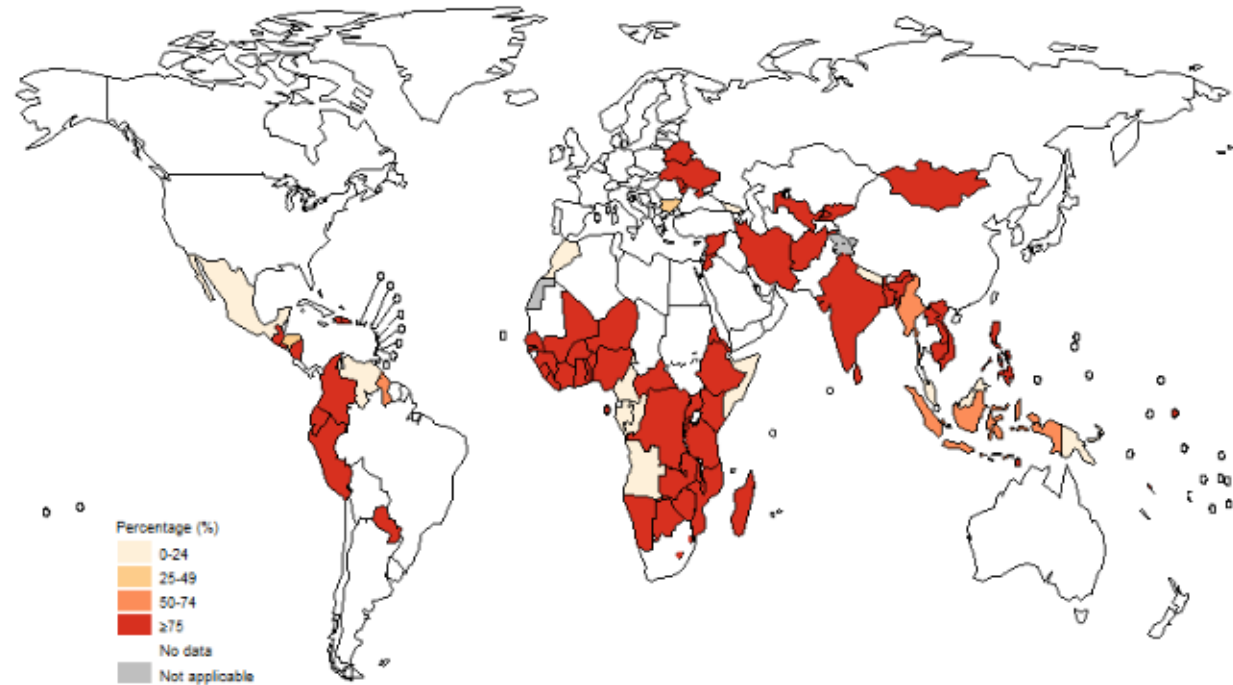
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# Empowered people and communities



Percentage of basic management units at country level in which there was community contribution to New TB case finding and/or treatment adherence support<sup>a</sup>, 2021



<sup>a</sup> Data only requested from 81 countries.

<https://www.who.int/publications/i/item/9789241504508>





# Case study: Addressing TB and mental health in the community, Peru

## Context

Mental disorders are associated with poor TB treatment outcomes and loss-to-follow-up, but limited capacity to address this in TB programmes.

## Key actors

Regional emergency programme for TB prevention and control, Lima North, Peru; NGO (Partners in Health); consortium of universities

## Intervention

Collaborative management of TB and mental health, including person- and family-centred psychosocial care for people with TB

## Scale-up

Partnership between MoH, NGO  
Healthcare worker training on TB and mental health  
Multidisciplinary teams (MDTs) incorporated psychologists to address TB and mental health

## Key lessons

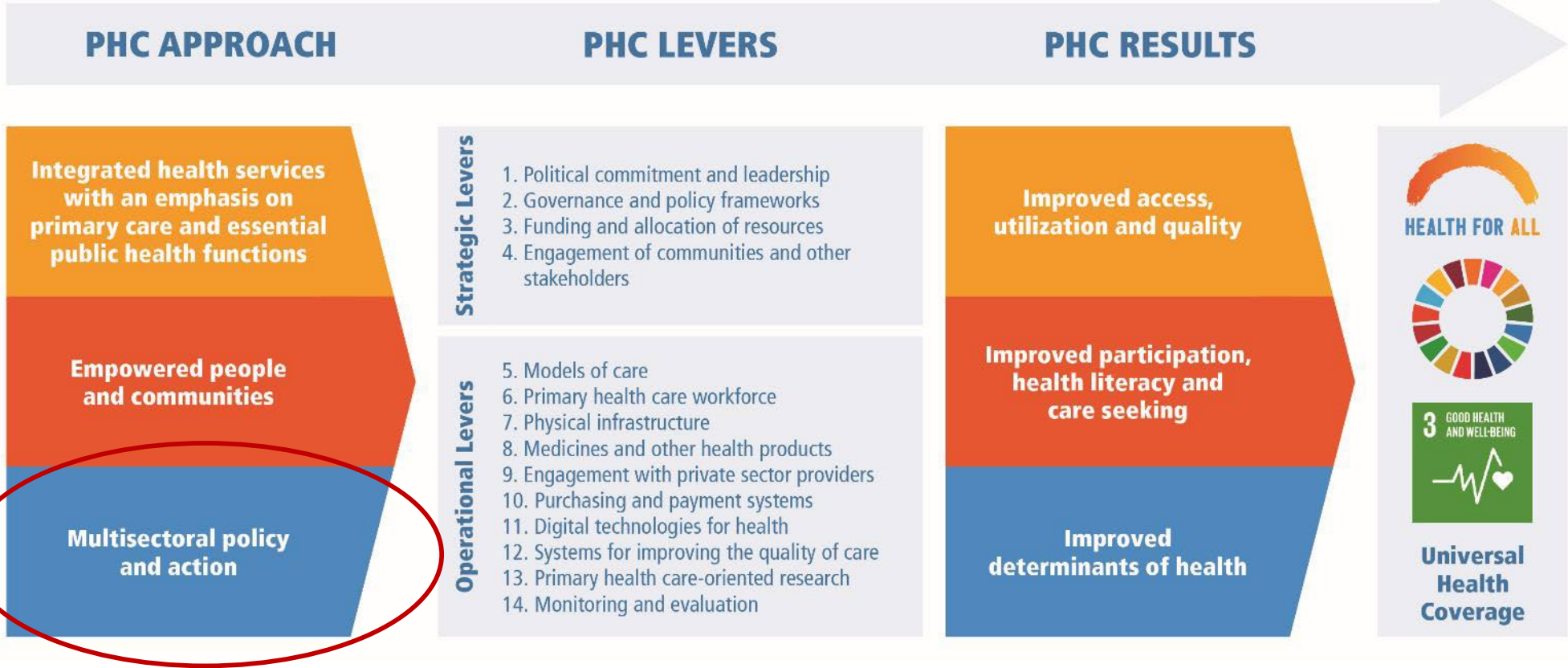
Integration of TB services and psychosocial support is feasible and may improve retention in care



Photo: Ministerio de Salud, Peru



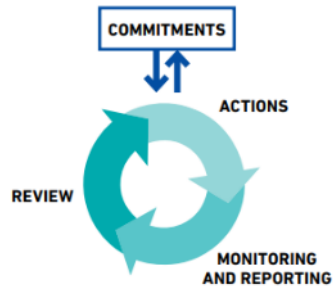
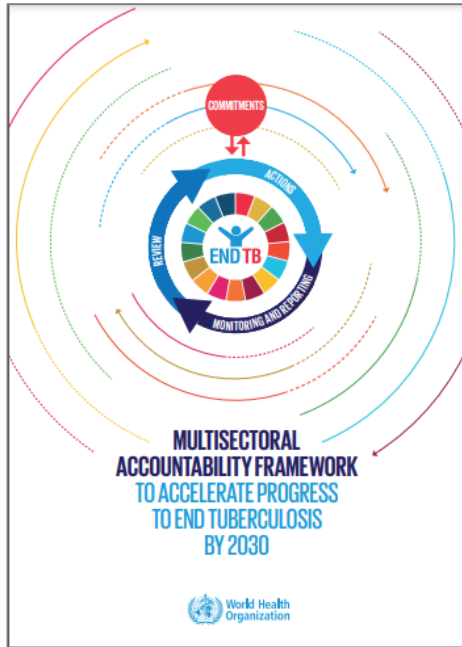
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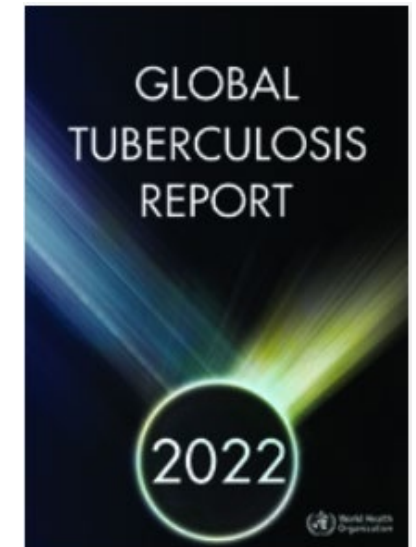
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# Multi-sectoral policy and action



- MAF assessments indicate progress in adaptation and implementation, but **inadequate engagement of relevant sectors**
- **2022 Guidance for National Strategic Planning for TB** promotes and facilitates inclusive **multisectoral and multistakeholder planning to end TB**
- WHO, in collaboration with ILO, is finalizing the **Guidance for social protection** for people affected by TB
- The **2023 UNHLM-TB** provides an opportunity to further galvanize multisectoral action on TB and its risk factors and determinants



# USAID Global TB Strategy (2023 – 2028) Global Fund Strategy (2023 – 2028)



**Support comprehensive quality TB services that are human rights based, gender-responsive, people-centered, and integrated into health and community systems** to co-manage existing conditions and comorbidities including mental health, HIV, COVID-19 and diabetes in collaboration with other stakeholders. This will include working across disease and relevant non-health sectors to tackle social determinants of TB. There will be a focus on supporting linkages to appropriate chronic care, including through comprehensive assessments of people completing treatment.

## RESULTS FRAMEWORK

USAID aims to achieve its TB, drug-sensitive TB (DS-TB), and drug-resistant TB (DR-TB) goals in priority countries by meeting the targets in the results framework below:

Measurements	Target
Impact	<ul style="list-style-type: none"> <li>• Reduce TB incidence rate by 35% by 2030</li> <li>• Reduce TB mortality rate by 52% by 2030</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• 90% of incident TB cases diagnosed and initiated on treatment<sup>1</sup></li> <li>• 90% of incident DR-TB cases diagnosed and initiated on treatment</li> <li>• 90% treatment success rate (TSR) for DS-TB and DR-TB</li> <li>• Provide TB preventive treatment (TPT) to 30,000,000</li> </ul>
Process	<ul style="list-style-type: none"> <li>• All priority countries rapidly introduce new TB tools and approaches</li> <li>• All priority countries have strong TB national networks and USAID partnerships inclusive of affected communities</li> <li>• All priority countries include appropriate TB interventions in pandemic preparedness plans</li> <li>• All priority countries have implemented plans to address socio-economic determinants and health-related risk factors that impact the TB epidemic</li> </ul>





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# Summary

- TB programming is a critical and integral part of UHC agenda and health system strengthening
- A strong health system is vital for a strong TB response
- A weak health system can undermine progress to end TB
- The TB platform should be strengthened to expand access to care for comorbidities
- TB should be everybody's business, and thus it is in the interest of TB programmes and stakeholders for the health system to be strengthened to expand access to TB care.





## Acknowledgements

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