

Strengthening Health Systems to Combat Tuberculosis



Tuberculosis (TB) is the **leading cause of death for people living with HIV** worldwide and one of the **top killers of vulnerable women and young children in low- and middle-income countries**. With the emergence and spread of multiple drug-resistant (MDR) strains, TB is even more challenging and expensive to diagnose, treat, and cure in large populations, especially when an estimated three million people with active TB remain undetected and untreated.

Partnering with High-Burden Countries to Meet Their TB Control Targets

High-burden TB countries and international donors are refocusing on post-2015 sustainable development goals and celebrating the millions of lives saved from improved TB efforts. Abt uses multiple approaches to strengthen health systems and improve TB prevention, detection, diagnosis, treatment, and care by:

- Strengthening the finance and governance capacities of ministries of health to deliver ongoing TB prevention and care services at central and decentralized levels
- Fostering legal and policy environments allowing the private sector to provide quality TB services
- Expanding the Directly Observed Treatment Short course (DOTS) model
- Strengthening referral linkages between the public and private sectors for consistent and effective TB care
- Building clinical capacity of public and private providers and laboratories
- Adopting technologies that improve TB data delivery as well as clinical quality monitoring and supervision

Abt has joined the fight against TB in multiple high-burden countries, coordinating with government, civil society, and private health providers at the national and local levels, USAID, WHO, the Global Fund, and other partners. Through collaborative partnerships and local capacity building, Abt is helping to create a world free of TB by 2035.



Photo by: USAID Quality Health Care Project, Kazakhstan

Using Technology to Improve TB Care in Nigeria

Nigeria relies on state-of-the-art GeneXpert MTB/RIF machines to rapidly diagnosis drug-resistant TB in patients who are HIV infected. Slow delivery and poor quality of data received, mean that program management decisions are not timely or focused on priority needs.

Abt is supporting the Nigerian National TB and Leprosy Control Program (NTBLCP) with **GxAlert**, a mobile-based solution across 46 laboratories in Nigeria. GxAlert sends GeneXpert diagnostic results in real time to a secure online database shortening the reporting period from months to seconds and enabling better data quality and faster recruitment of patients into care.

By networking all rapid GeneXpert diagnostic machines in Nigeria, the NTBLCP and private health systems can report TB and HIV indicators automatically and send targeted action messages (“alerts”) by SMS/text and/or email to health system decision makers. GxAlert can also monitor and prevent GeneXpert cartridge stock-outs and track usage for accurate ordering.

The Nigerian Minister of Health presented plans to scale up GxAlert to all the GeneXpert facilities nationwide on World TB Day 2015.

Transforming TB Treatment in Central Asia and Eastern Europe

The five-year **USAID Quality Health Care Project** is implemented by Abt and partners to improve access to and quality of TB, HIV, maternal, and child health care for the populations of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.

In Kyrgyzstan, through the **USAID Defeat TB Project**, Abt is leading a consortium to develop sustainable systems that can contribute to reducing the TB epidemic, including the spread of MDR-TB. The project, together with the community and the government, targets all levels of the health care sector to achieve sustainable improvement in TB case-finding and treatment outcomes with a special focus on improving access to services for hard-to-reach populations.

The **USAID Health Finance and Governance (HFG) Project** works to improve government systems to pay for TB care and improve efficiency and clinical outcomes. In Central Asia and Ukraine, HFG supports national partners in designing new hospital payment systems for TB to eliminate unnecessary hospitalizations and provide financial incentives to support the shift to outpatient treatment for most TB patients, as per WHO recommendations. In selected countries in Asia and Africa, HFG is analyzing public financial management and the flow of funds for TB services.

Fostering Private Sector TB Partnerships in India

To leverage the enormous potential of the private sector to combat TB in India, Abt and partners implemented the **USAID Market-based Partnerships for Health (MBPH) Project**. Abt developed an integrated TB Public-Private Mix (PMM) model vis-a-vis a Private Provider Interface Agency Mechanism (PPIA) to effectively engage private health care providers in TB care and mobilize communities to facilitate prompt attention to TB symptoms. Data indicate the model's success in significantly increasing case detection and effectively managing "missing" TB patients among vulnerable urban slum populations in Karnataka. To date, 1,891 clinicians participated in the initiative reaching 450,000 person contacts and diagnosing a total of 2,098 TB patients from intervention sites. Treatment compliance topped 97 percent among 371 patients who received private treatment followed up by PPIA. The project's training modules and tools have been adopted for standard use by the Revised National TB Control Program.

Expanding TB Treatment through the Private Sector in Ethiopia

Through the **USAID Private Health Sector Program (PHSP)**, Abt is helping the Government of Ethiopia to partner effectively with private health care providers to deliver public health services, including TB DOTS and integrated TB/HIV services. PHSP activities to support the PPM model focus on building capacity of private providers through training in clinical and business management skills and ongoing quality supervision; expanding TB and HIV counseling and testing; improving TB microscopy; and increasing private clinic access to financing from local institutions. The number of PPM-DOTS facilities has expanded to 295 nationwide, and the contribution of PPM-DOTS to the national case detection of TB rose from 1 percent in 2007 to 9.5 percent in 2011.

Using Smartphones to Improve TB Supportive Supervision in Nigeria

Through **USAID's HFG Project** in Nigeria, government TB supervisors at the state and local government agency levels are visiting more than 500 health facilities in seven states, using pre-programmed smartphones to oversee the quality of TB service delivery. Beginning in 2010, through the USAID Health Systems 20/20 Project, Abt and the NTBLCP piloted an integrated supportive supervision program based on the WHO DOTS model through use of personal digital assistants, which allowed for immediate feedback and corrective action. This improved supportive supervision process is designed to promote data-driven prioritization of facility-level improvements in service delivery. The states using the program report substantial improvements in TB cure rates, uptake of TB/HIV co-infection treatment, and treatment defaulter rates.

Contact

Martha Benezet

Senior Associate, TB Strategic Lead
+ 301.347.5107

Martha_Benezet@abtassoc.com

Abt Associates is a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.

