**DOC 1.06-7.1**

# An Action Plan for TB and Poverty

## Introduction

The Global Plan to Stop TB[1] (2006-2015) aims to ensure equitable access to quality TB care for all people with TB, especially the poor and vulnerable. It sets the following targets:
By 2010 all countries will:

a) have developed capacity to monitor the extent to which TB control reaches and serves the poor and vulnerable and

b) have developed key strategies for improving access to TB control for the poor and vulnerable.

By 2015 all countries will have developed the capacity to demonstrate and monitor the contribution made by TB control to poverty alleviation.

The development and publication by WHO of the manual for use by national TB control programmes in addressing poverty in TB control[2], provides the first step to achieving the Global Plan targets. The manual defines poverty in terms of both economic and social aspects (exclusion from services and opportunities due to gender, race, ethnicity, religion, education level or residence urban/rural). Consequently it outlines measures aimed both at reducing the financial burden of TB care (e.g. shifting from out-of-pocket expenditure to public financing, reduction of treatment delays and provision of incentives and enablers) and tackling the social aspects of poverty (e.g. addressing stigma and the lack of knowledge of TB and available services). The manual is necessary in addressing poverty in TB control and DOTS Expansion, but not sufficient: explicit support is required for mechanisms that ensure active use of the manual and the options laid out within it. Furthermore, current restrictions on the access of poor people to TB services should not be underestimated and cannot be addressed solely within DOTS Expansion. Poor people with HIV/TB and MDR-TB require particular attention due to the complexity of their diagnostic and treatment needs and the high socio-economic impact of their more complex disease burden. Furthermore the limitations placed by current TB vaccines, diagnostics, and drugs on services in resource-poor settings[3] are considerable. Equity measures are clearly needed both in the development and delivery of new tools for TB Control.

This Action Plan for TB and Poverty responds to the needs of the poor and vulnerable with TB and proposes actions which are relevant and must engage across all seven Working Groups of the Stop TB Partnership.

[1] Stop TB Partnership and WHO. 2006. "The Global Plan to Stop TB 2006-2015". WHO/HTM/STB/2006.35. Geneva: World Health Organization.
[2] WHO (2005) “Addressing Poverty in TB Control – Options for National TB Control Programmes”. WHO/HTM/TB/2005.352.
[3] Editorial (2005-6) “Tackling poverty in tuberculosis control”. The Lancet 366(9503):2063

**Purpose**
The purpose of this Action Plan is the promotion of global access to quality diagnosis and treatment of TB for the poor and vulnerable in line with the Stop TB Strategy and the Global Plan to Stop TB (2006-2015).

**Outputs (What the plan will deliver).**
The Purpose of the Plan will be achieved through delivery of the following outputs:

1. An inventory of existing strategies for addressing poverty and enhancing equity in health service delivery appraised for their relevance to implementation of the Stop TB Strategy.

2. A set of indicators and methodologies for assessing equity of access and financial protection that can be used as part of the evaluation of TB control.

3. Documentation of the special access barriers and financial burden faced by patients with TB-HIV co-infection and MDR-TB.

4. Enhanced capacity and technical assistance for implementing and evaluating pro-poor strategies in TB control (including implementation of the WHO Guide "Addressing Poverty in TB Control".)

5. Evaluation of the equity-enhancing effects of existing interventions (e.g. Public-Private Mix [PPM], Practical Approach to Lung Health [PAL] and FIDELIS)

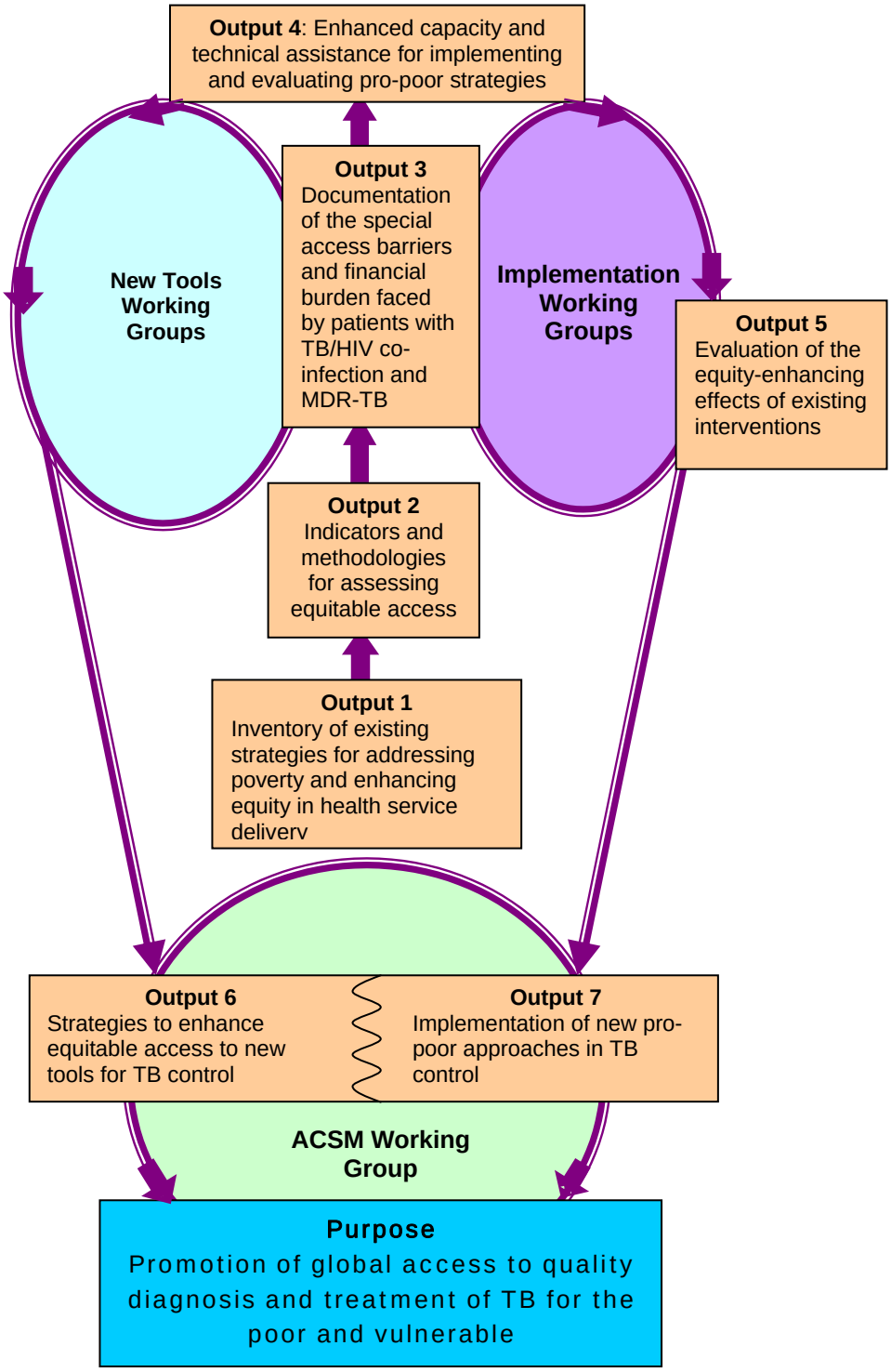
6. Strategies to enhance equitable access to the new tools for TB control through the New Tools Working Groups of the Stop TB Partnership.

7. Development of new pro-poor approaches relevant to the implementation of the Stop TB Strategy.

These Outputs work together to achieve the Purpose through a modified "equity loop"[4] as illustrated in the Figure:

[4] Tugwell P et al, Applying clinical epidemiological methods to health equity: the equity effectiveness loop, BMJ 2006;332:358-61

Figure: Relationship of Action Plan Outputs and Purpose to Stop TB Partnership Working Groups.



**Further description of the Outputs**

1. *An inventory of existing strategies for addressing poverty and enhancing equity in health service delivery appraised for their relevance to implementation of the Stop TB Strategy.* The aim here is to learn from experience and published evidence from outside the field of TB control and appraise this experience from the perspective of TB control so as to flag and prioritise key approaches that are not already covered in "Addressing Poverty in TB Control".

2. *A set of indicators and methodologies for assessing equity of access and financial protection that can be used as part of the evaluation of TB control.* Many of the indicators in current use are context-specific. We are looking to develop some common tools that can be used widely in evaluation of TB control through the conduct of surveys of already-diagnosed TB patients and through community-based TB prevalence surveys.

3. *Documentation of the special access barriers and financial burden faced by patients with TB-HIV co-infection and MDR-TB.* Most of the existing work on barriers faced by TB patients has been synthesised for TB patients but with insufficient attention on the additional barriers faced by TB-HIV and MDR-TB patients.

4. *Enhanced capacity and technical assistance for implementing and evaluating pro-poor strategies in TB control (including implementation of the WHO Guide "Addressing Poverty in TB Control".)* The aim here is to develop course materials and a training module for use at country level to promote the use of the WHO Guide with the intention of promoting wider implementation of pro-poor approaches mainstreamed within TB control activities on the ground.

5. *Evaluation of the equity-enhancing effects of existing interventions (e.g. Public-Private Mix [PPM], Practical Approach to Lung Health [PAL] and FIDELIS)* The aim here is to promote the use of the indicators developed in Output 2 in the evaluations being conducted of existing interventions aimed at extending the REACH of TB control. Members of the TB and Poverty Subgroup will work with implementation teams (e.g. PPM) to mainstream the use of relevant indicators in their evaluations.

6. *Strategies to enhance equitable access to the new tools for TB control through the New Tools Working Groups of the Stop TB Partnership.* This output links closely to the work of the "Task force on re-tooling" and will be informed by the outputs of that task force.

7. *Development of new pro-poor approaches relevant to the implementation of the Stop TB Strategy.* The intention is that all of Outputs 1-6 are appraised together in order to inform the development and piloting of new pro-poor approaches or modifications to existing approaches which can be piloted and implemented, particularly in poor countries carrying a high burden of TB.

**Role and Responsibility of the TB and Poverty Subgroup in relation to the other Working Groups and Partners of the Stop TB Partnership in delivering the Action Plan**

The prime role of the Subgroup is in promoting and stimulating pro-poor TB control. The Subgroup cannot itself be responsible for implementation on the ground. This is the province of the Implementation Working Groups and TB programmes at country level and beyond. The TB and Poverty Subgroup will use its network of individuals and organisations who also have roles in all the other Working Groups of the Partnership and within implementing bodies to promote activity on the ground leading to piloting in selected sites to be decided upon in Years 2 and 3.

**Implementation of the Action Plan**

Different organisations currently active in the TB and Poverty Subgroup have participated over the past year in developing this Action Plan. Each output will now become the prime responsibility of a particular organisation which has volunteered to work to define in more detail the activities required to deliver the output. The agreed principles for further development of the activity plans for each output are:

a) That developing country organisations must play a prominent role.

b) That more detailed activity plans will be reviewed and modified by the TB and Poverty Core Team supported by external independent reviewers

The Secretariat of the TB and Poverty Subgroup, will take responsibility for holding and disbursing the requested budgetary allocation against the more detailed action plans as they are approved. The Secretariat will also be responsible for compiling progress reports for presentation to the TB and Poverty Core Team (see also new Terms of Reference for TB and Poverty Subgroup).

**The Responsible Agencies**

| Developing Country Agencies | Abbreviation | Key link person(s) |
|---|---|---|
| Epi-Lab, Sudan | EPI-LAB | Asma El Sony |
| BRAC, Bangladesh | BRAC | Ahmed Sayed Masud, Mushtaque Chowdhury |
| Research for Equity And Community Health, Malawi | REACH | Bertha Nhlema |

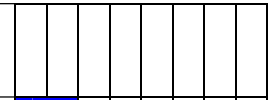
| International Agencies | Abbreviation | Key link person(s) |
|---|---|---|
| Stop TB Partnership | Stop TB | Valérie Diaz |
| World Bank | WB | Birte Sorensen |
| Stop TB Dept WHO | STB | Knut Lonnroth, Diana Weil |
| Liverpool School of Tropical Medicine | LSTM | Bertie Squire |
| KNCV Tuberculosis Foundation TB International Unit | KNCV International | Peter Gondrie |
| KNCV Tuberculosis Foundation Research Unit | KNCV Research | Marijke Van Der Werf |
| International Union Against TB and Lung Disease | The Union | Karen Bissell, Vishnuvardhan Kamineni |
| Fund for Innovative New Diagnostics | FIND | Giorgio Roscigno |
| Commission on Social Determinants of Health | CSDH | Ritu Sadana, Jeanette Vega |
| Health Equity Team WHO | HET WHO | Niko Speybroek, Ahmad Hosseinpor |

**Activities**

Broad activity descriptions have been grouped according to outputs, mapped to the responsible agencies within the TB and Poverty Subgroup, and projected over the 5-year time period of the Action Plan. More detailed activity plans with specific Terms of Reference will be co-ordinated by the lead agency for each of the Outputs and Reviewed by the TB and Poverty Core Team, plus independent advisors.

More detail is given about the early outputs and activities which are deliverable within the first 2 years of the action plan. Details about later activities and outputs will be developed at a mid-term review of progress against the Action Plan.

| Activities | Responsible Agencies | Year | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2006 | | 2007 | | 08 | 09 | 10 | 11 |
| **Output 1**<br>An inventory of existing strategies for addressing poverty | **Lead:**<br>**CSDH** | | | | | | | | |
| a. Identification of key organizations working on equitable health service delivery and linkages established through active networking via Stop TB Partnership | **All partners under the guidance of the Subgroup secretariat** | | | | | | | | |
| b. Compilation of information on strategies tackling poverty in health service delivery and assessment of their appropriateness for application to TB control | **WB** | | | | | | | | |
| c. Appraisal of indicators and methodologies used in evaluating equity-enhancing strategies (to feed into Output 2) | **BRAC**<br>**CSDH**<br>**LSTM** | | | | | | | | |
| **Output 2**<br>A set of indicators and methodologies for assessing equity of access and financial protection that can be used as part of evaluation of TB control. | **Lead:**<br>**STB** | | | | | | | | |
| a. Working with stakeholders to define the relevant measurable indicators of poverty | **BRAC**<br>**REACH**<br>**EPI-LAB**<br>**WHO HET**<br>**LSTM** | | | | | | | | |
| b. Develop standardized processes to collect data on socio-economic profiles of patients in TB prevalence surveys in order to allow nested case-control comparisons between patients identified in the community who do not access TB control and those who do. | **EPI-LAB**<br>**REACH**<br>**BRAC**<br>**WHO HET**<br>**STB**<br>**LSTM** | | | | | | | | |
| c. Design surveys of patients currently registered in TB control programmes to capture socioeconomic profiles, data on treatment delay, and data on health expenditure | **REACH**<br>**BRAC**<br>**EPILAB**<br>**WHO HET**<br>**STB**<br>**KNCV Research** | | | | | | | | |

| | | |
|---|---|---|
| **Output 3**<br>Documentation of the special access barriers and financial burden faced by patients with TB/HIV co-infection and MDR-TB. | **Lead:**<br>**REACH and t.b.c.** |  |
| a. Review of existing literature and evidence in collaboration with TB-HIV working group to identify gaps | **REACH** | |
| b. Review of existing literature and evidence in collaboration with MDR-TB working group to identify gaps | **t.b.c.** | |
| c. Further work to fill gaps in knowledge | | |
| **Output 4**<br>Enhanced capacity and technical assistance for implementing and evaluating pro-poor strategies in TB control | **The Union and KNCV International** | |
| a. Networking with TBCTA in order to assess necessary capacity needed for implementing and evaluating pro-poor TB control. | **KNCV International** | |
| b. Developing and delivering training courses for the use of the existing TB & Poverty Manual | **The Union** | |
| **Output 5**<br>Evaluation of the equity-enhancing effects of existing interventions (e.g. Public-Private Mix [PPM], Practical Approach to Lung Health [PAL]) | **KNCV International through DEWG and others** | |
| a. Assessing equity effectiveness and economic evaluation of model interventions (using indicators and methodologies developed under (2)) | **STB** | |
| a. Process evaluation of model interventions to capture key lessons learned in implementation (e.g. training needs and training approaches) | **LSTM** | |
| **Output 6**<br>Strategies to enhance equitable access to the new tools for TB control through the New tools Working Groups of the Stop TB Partnership. | **FIND** | |
| a. Review of existing global access strategies for new tools being developed through Private – Public Partnerships (diagnostics, drugs, vaccines) | **LSTM** | |
| b. Appraisal of new tools access strategies for relevance against current pro-poor modalities of delivery of TB control (PPM, PAL, TB-HIV) | **FIND**<br>**STB** | |
| **Output 7**<br>Development of new pro-poor approaches relevant to the implementation of the Stop TB Strategy | **Lead:**<br>**The Union** | |
| a. Compilation of Outputs 1-6 to develop new, evidence-based approaches for pro-poor delivery of TB Control | **REACH, BRAC, and EPI-LAB + The UNION** | |

**Budget Summary for Years 1 and 2. Budget details for Years 3 to 5 will be developed by the middle of Year 2. (see accompanying Excel Spreadsheet for details)**

| All figures in US Dollars | Expected provision by TB and Poverty Subgroup Members from other sources | Requested from Stop TB Partnership | Total budget |
|---|---|---|---|
| **Output 1** | | | |
| An inventory of existing strategies for addressing poverty and enhancing equity in health service delivery appraised for their relevance to implementation of the Stop TB Strategy. | $50,000[5] | $22,400 | $72,400 |
| **Output 2** | | | |
| A set of indicators and methodologies for assessing equity of access and financial protection that can be used as part of the evaluation of TB control. | $50,000[6] | $145,200 | $195,000 |
| **Output 3** | | | |
| Documentation of the special access barriers and financial burden faced by patients with TB/HIV co-infection and MDR-TB. | $0 | $132,800 | $132,800 |
| **Output 4** | | | |
| Enhanced capacity and technical assistance for implementing and evaluating pro-poor strategies in TB control. | $50,000[7]<br>$55,000[8] | $230,000 | $335,000 |
| **Output 5** | | | |
| Evaluation of the equity-enhancing effects of existing interventions (e.g. Public-Private Mix [PPM], Practical Approach to Lung Health [PAL] and FIDELIS). | $0 | $60,000 | $60,000 |
| **Output 6** | | | |
| Strategies to enhance equitable access to the new tools for TB control through the New tools Working Groups of the Stop TB Partnership. | $100,000[9] | $111,000 | $211,000 |
| **Output 7** | | | |
| Development of new pro-poor approaches relevant to the implementation of the Stop TB Strategy. | $55,000[10] | $440,000 | $495,000 |
| **Totals** | **$360,000** | **$1,141,400** | **$1,501,400** |

[5] Time of staff at CSDH and WB.
[6] Time of staff at REACH, EPI-LAB, BRAC, and LSTM.
[7] Co-funding from The Union.
[8] Overheads and time of staff at The Union.
[9] FIND staff time.
[10] Overheads and time of staff at The Union.

**Budget Notes**

The budget is almost all for contributions to staff time and workshops (see spreadsheet for details). Linkage to implementation activities which are funded through other means (e.g. through National Programmes, PRSP's SWAp's, FIDELIS etc) will be achieved through the networking activities of members of the Subgroup and through embedded activities through REACH in Malawi, EPILAB in Sudan, and BRAC in Bangladesh.