An Update on Childhood TB Integration

STRENGTHENING COMMUNITY AND PRIMARY HEALTH SYSTEMS FOR TB

A consultation on childhood TB integration

JOIN THE GLOBAL CONVERSATION

Where is TB in maternal & child health?

SEPTEMBER 7-9, 2016

Register for this online seminar at **leadernet.org**

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STRONGER LEADERS. STRONGER HEALTH SYSTEMS.

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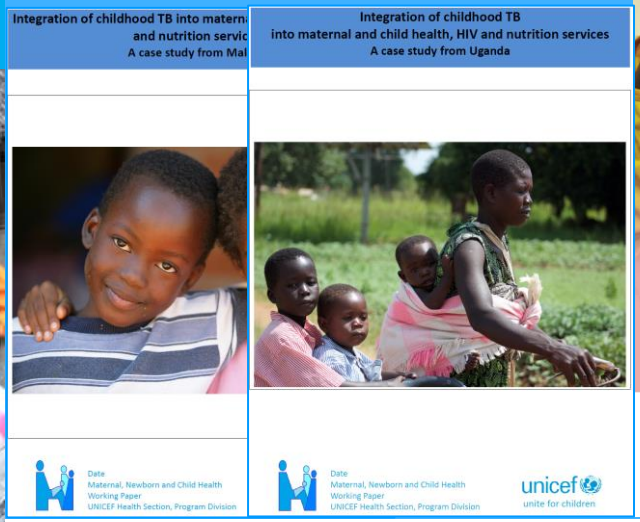

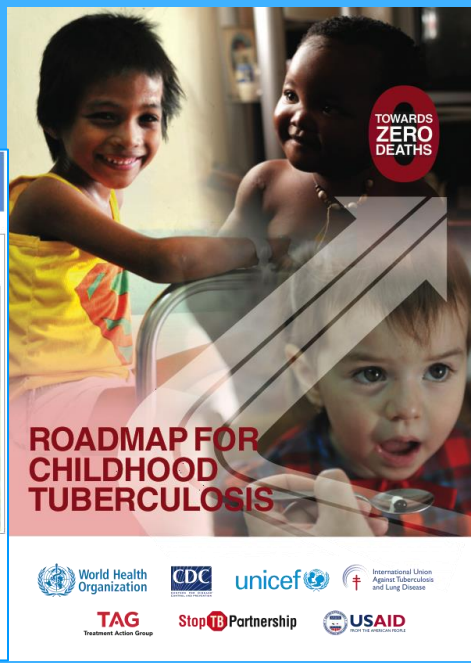

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What does it mean to integrate childhood TB?

From disease-specific to systems focus

- **Patient:** receives comprehensive care
- **Care provider:** routinely and systematically manages co-morbidities (data driven), collaboration with providers and services
- **Health manager:** commitment & coordination between programs, shared accountability
- **Policy maker:** Negotiation, prioritization to strengthen the overall system
- **Donor:** coordination of investments, flexibility, systems focus

Integration is a strategy

- to improve prevention, diagnosis and care for children affected by TB
- to strengthen health systems

Integration strategy:

Integration at the different levels, HSS interventions

→

Clinical outcome:

Integrated childcare

Service outcome:

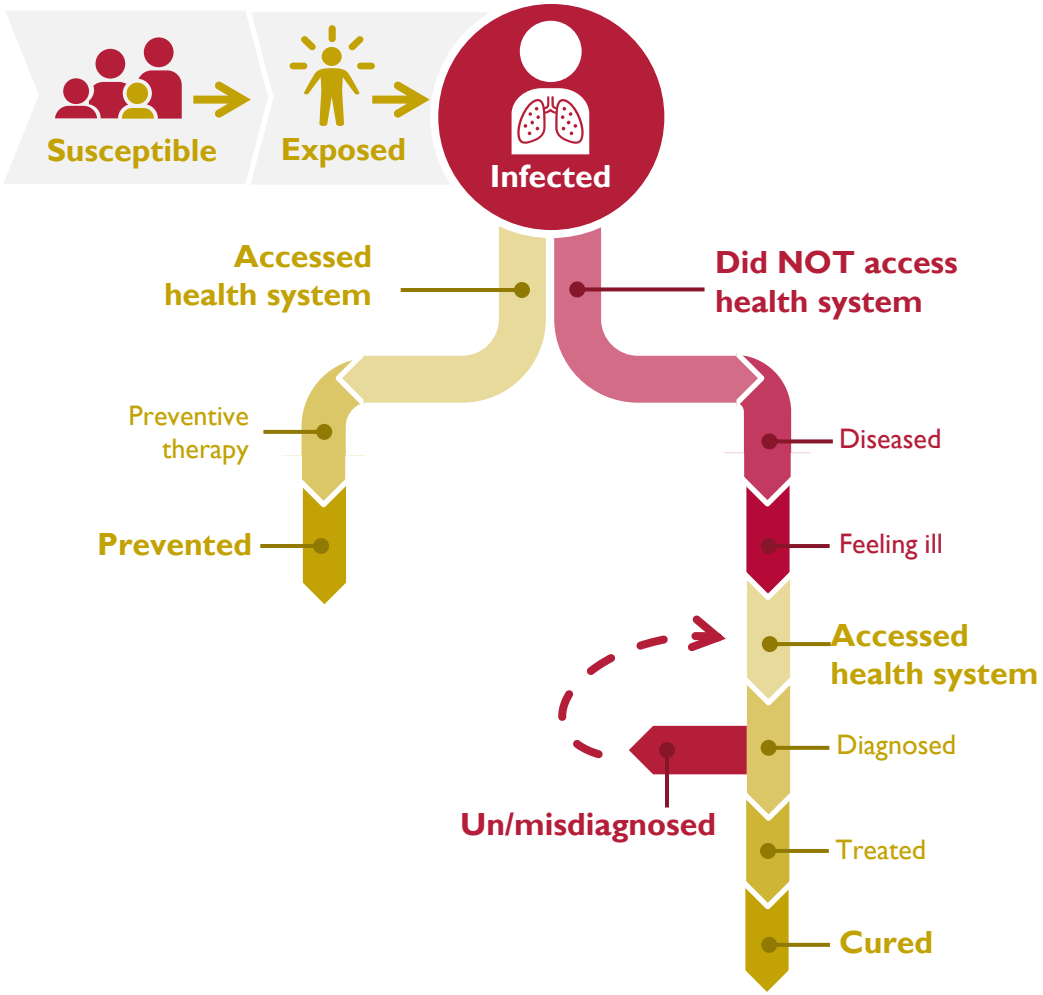
Improved quality, coverage, cost-effectiveness, ownership, and sustainability

→

Impact:

Improved health, cost, care

Why integrate - The TB perspective



- Lack of awareness
- Limited access
- Prevention gap
- Diagnostic gap
- NTP has limited reach/presence at community/primary care level

-> Need to integrate with and build on existing community platform

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Fig. adapted from: Enarson DA, et al. Tuberculosis. In: Respiratory Epidemiology in Europe. European Respiratory Monographs 2000

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The MNCH and PHC perspective

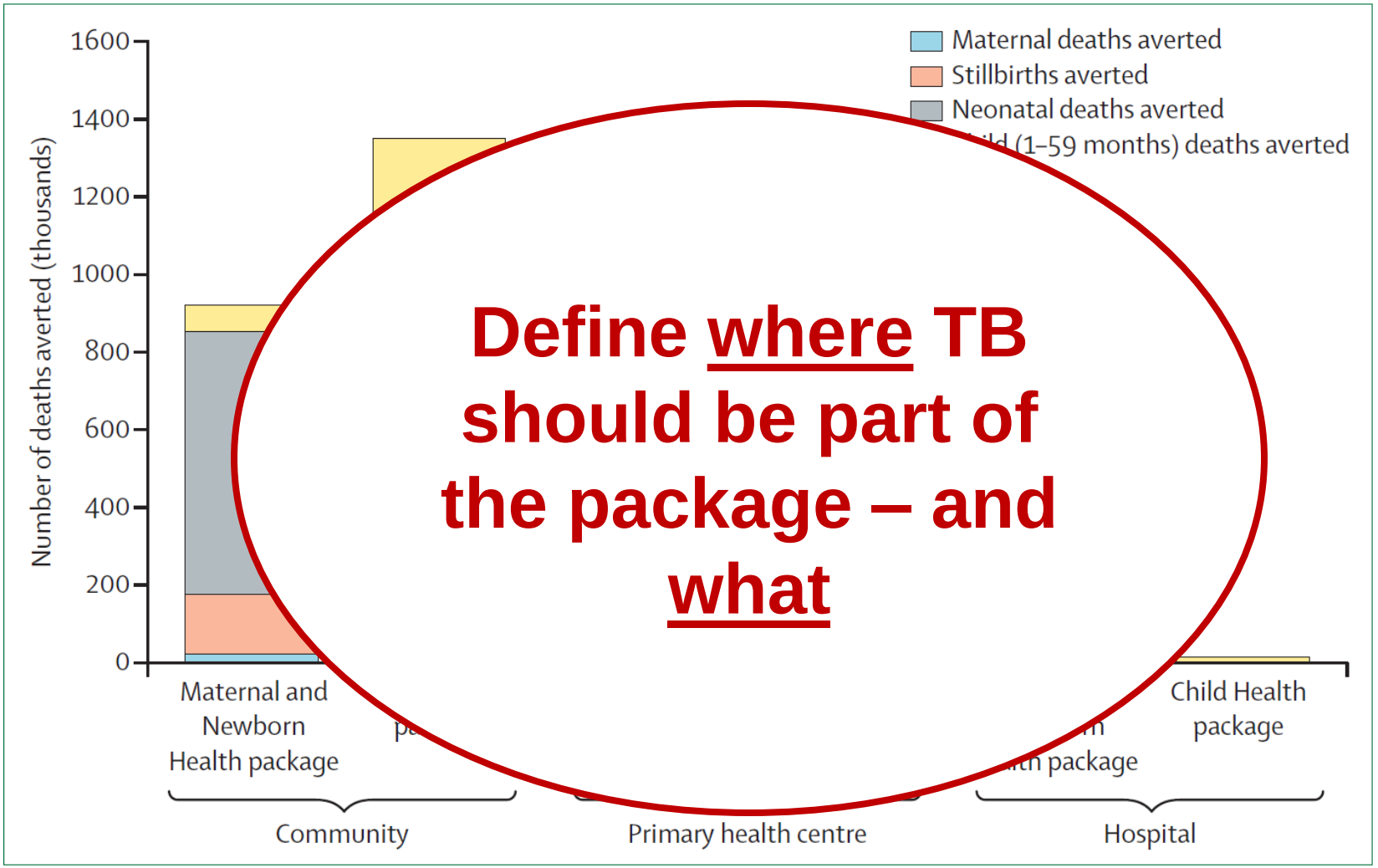
- **Shifting priorities** in the SDG era
  - Maternal and newborn health, Adolescents, NCDs
  - Unfinished agenda
    - Pneumonia: 15% of <5 deaths (940 000 in 2013)
    - Malnutrition: co-factor in 45% of <5 deaths
- The existing primary care system in many settings is becoming **overburdened** and is often **not functioning well**
- **Why** should we take on TB and **who pays** for it?
- Recognition: Changing epidemiology might **'unmask'** conditions like TB
- What is the impact of TB on key MNCH outcomes?

What do we share?

- SDG3

  TB is in there but needs to become more visible on the MNCH agenda
- Weak health systems with limited care seeking, dysfunctional referral systems, quality of care
- Policy-practice gap
- From effectiveness to efficiency
- Vertical, unsustainable funding

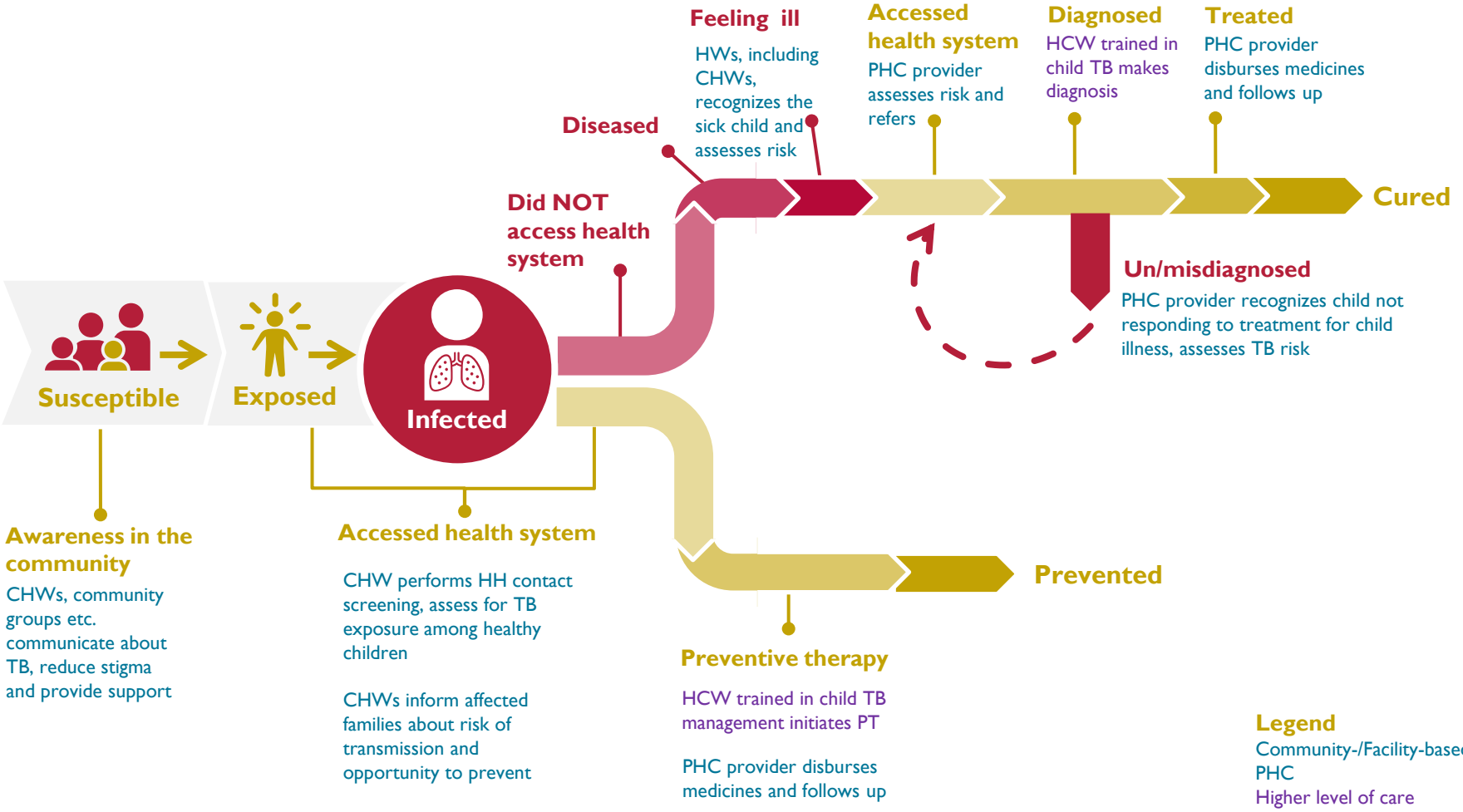
Community and primary health center platforms could avert 77% of maternal and child deaths



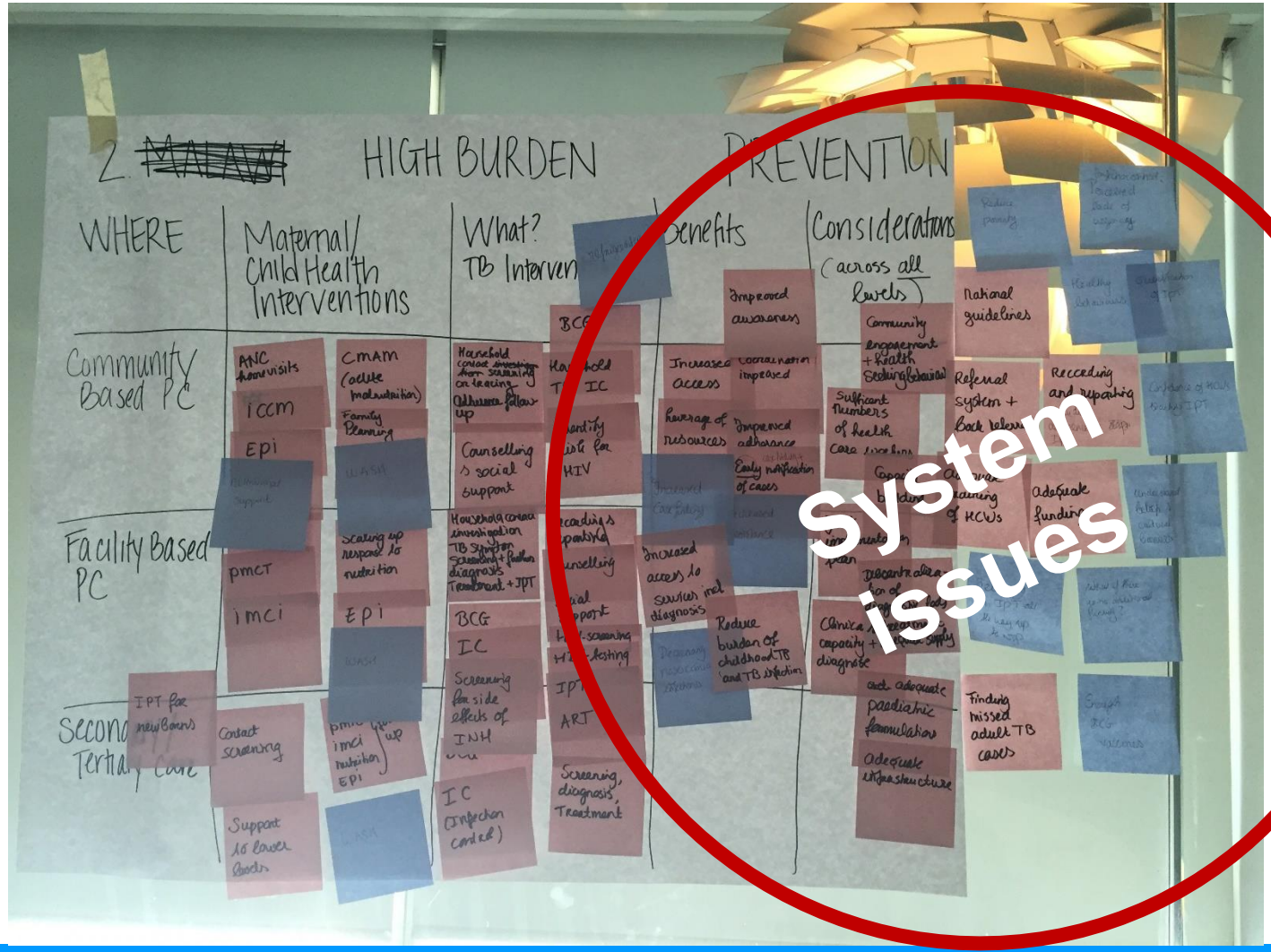
Define <u>where</u> TB should be part of the package – and <u>what</u>

Black RE et al. Chapter 1: Reproductive, Maternal, Newborn, and Child Health: Key Messages of this Volume. DCP3 RMNCH 2016.

Behaviors and activities that improve efficiencies of the pathways through care



What, where, who, how – and key considerations



Key considerations around integrating childhood TB at the primary care level

- Understanding underlying factors
  - TB burden
  - stigma, beliefs and barriers, health seeking, priorities at the community level
  - issues at the frontline HCW level
- High level political will and leadership
- Joint responsibility & accountability
- Collaboration, coordination, harmonization (policies, guidelines, financing, training, implementation, supervision, M&E)
- Engagement of specialists for mentoring and supervision
- Establishment of referral and cross referral systems
- Measurement and documentation of impact and cost effectiveness

Systems approaches are needed

- to understand pathways, actors
- to bridge the policy-practice gap
- to move from pilots to sustainable scale-up
- to deliver quality services

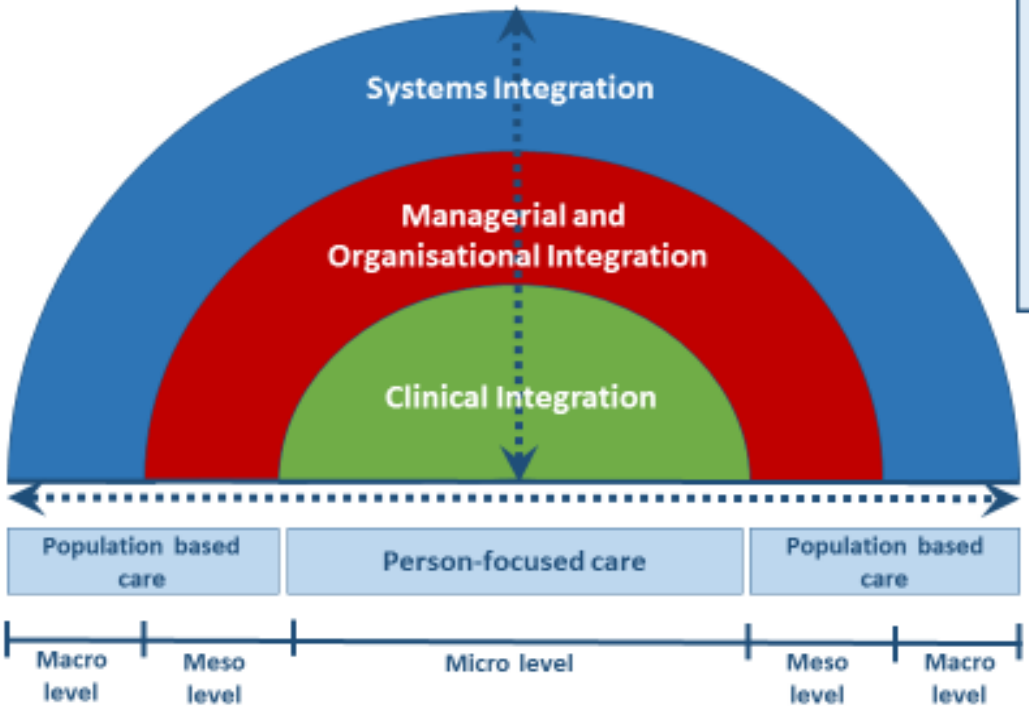
Common challenge resonates with and affects all actors

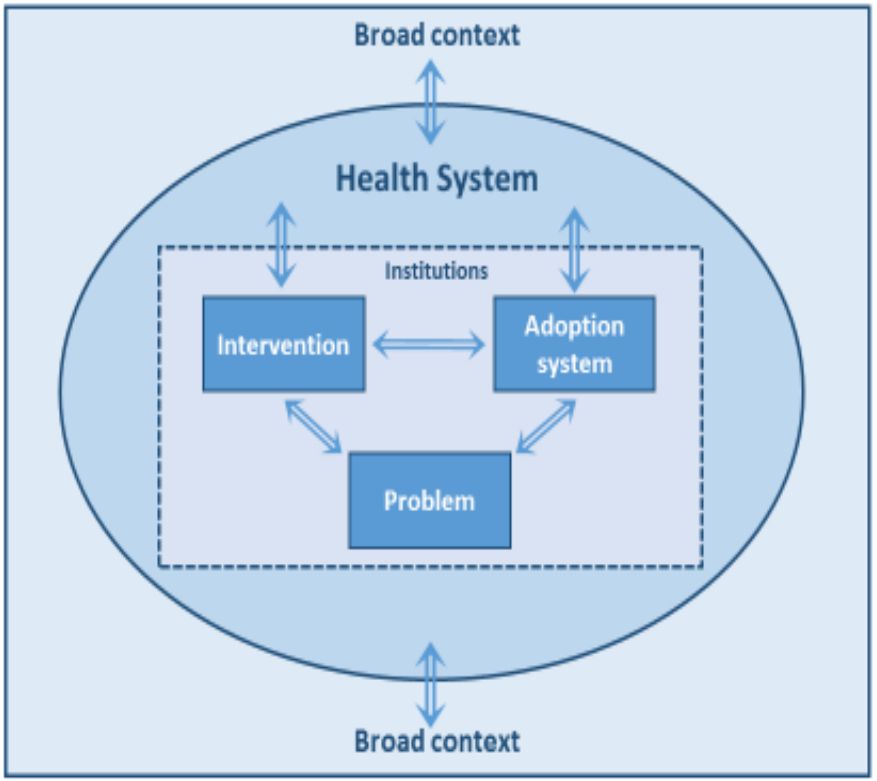
Case studies on childhood TB integration
Uganda & Malawi, 2016

Methodology

Simplified dimensions of integrated care at the micro, meso and macro level of health care

(Adapted from Valentijn et al. 2013)





Conceptual framework for analysing integration of targeted health interventions into health systems

(Adapted from Atun et al, 2010)

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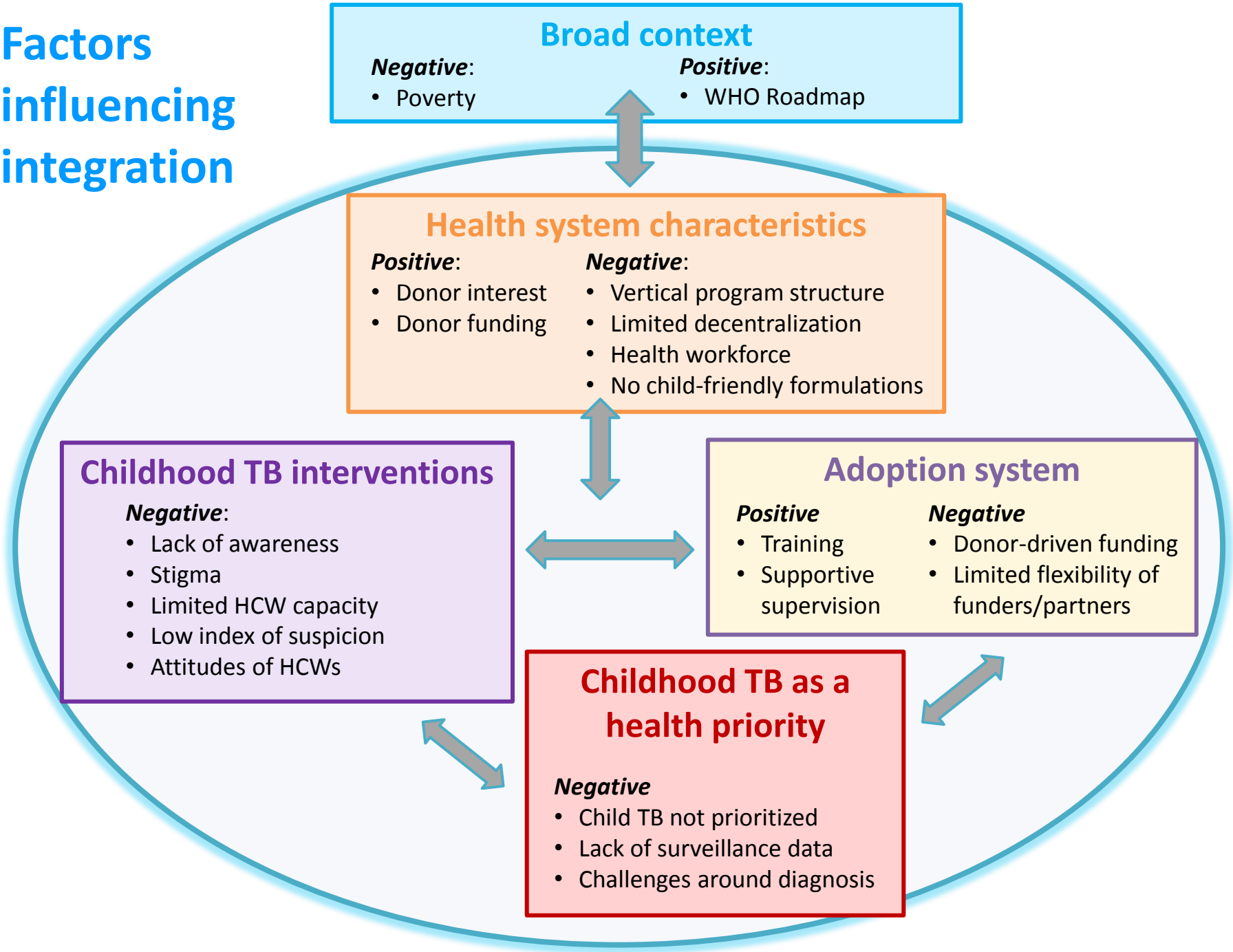
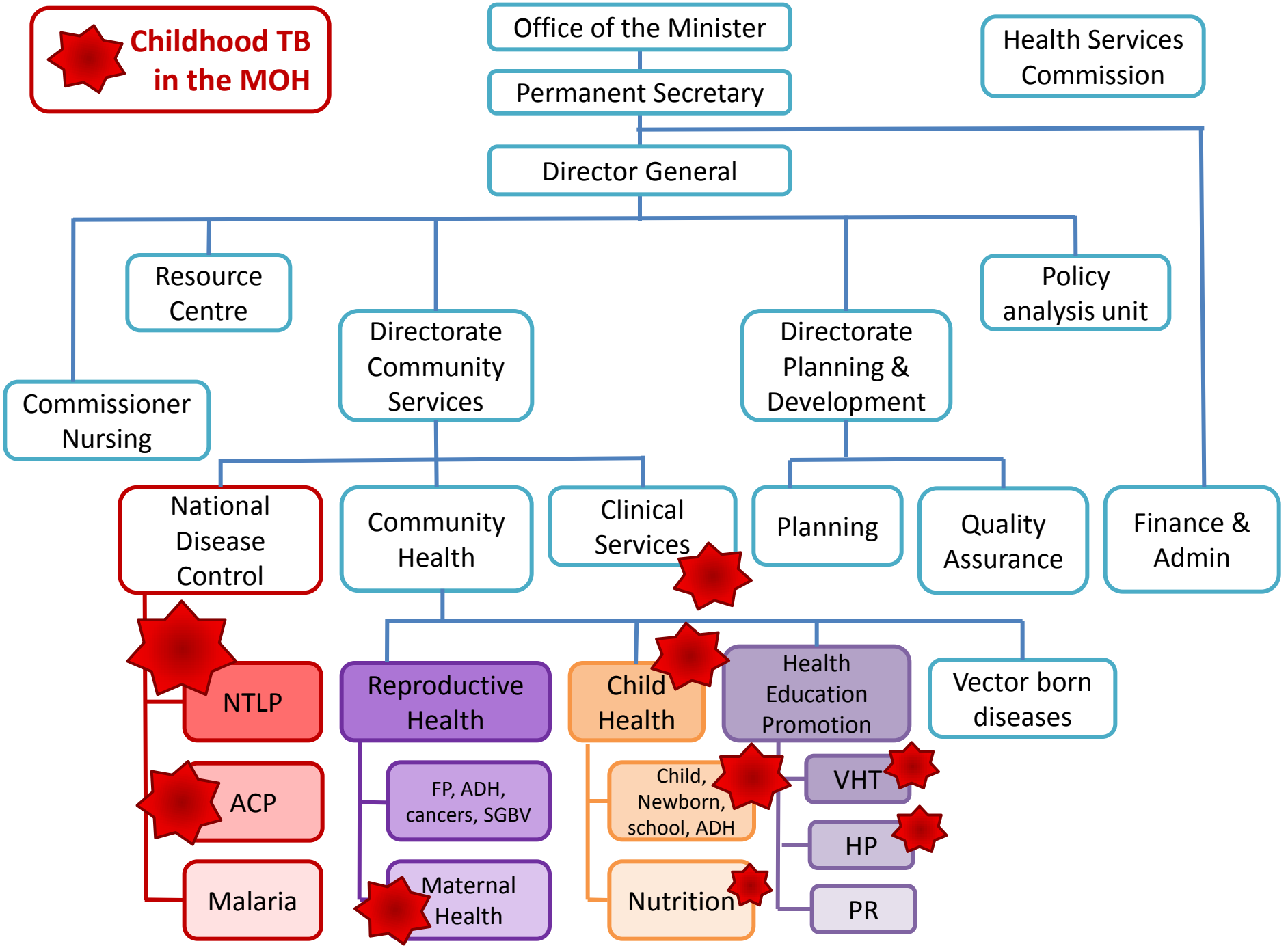
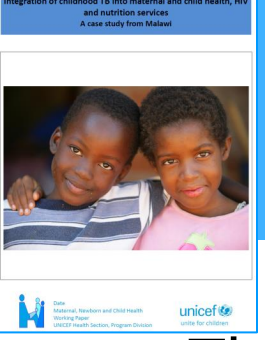
Factors influencing integration




Childhood TB in the MOH
Office of the Minister
Permanent Secretary
Director General
Health Services Commission
Resource Centre
Policy analysis unit
Commissioner Nursing
Directorate Community Services
Directorate Planning & Development
National Disease Control
Community Health
Clinical Services
Planning
Quality Assurance
Finance & Admin
NTLP
ACP
Malaria
Reproductive Health
Child Health
Health Education Promotion
Vector born diseases
FP, ADH, cancers, SGBV
Maternal Health
Child, Newborn, school, ADH
Nutrition
VHT
HP
PR

Alignment of different health system functions & needs to move forward

Policy and practice	• Childhood TB addressed in policies and guidelines for TB and HIV, **but not** in those of other relevant programs, highly variable implementation, pilots. • Need coordinated framework with guide on implementation of integration
Government & Leadership	• Integration can improve efficiency and avoid duplication • Need high level commitment and drivers from other programs • Uganda is an example for successful leadership and collaboration
Finance	• Some funding gaps relate to services where other programs are involved • Need comprehensive, more flexible resource mobilization • Project funding versus sustainable scale-up
Information systems	• Data for child TB only in TB and HIV reporting tools, missed opportunities • Challenges to link and pool, need integrated reporting tools • Highly variable data quality and use for decision making
Health Workforce	• Disintegration of training, tools, monitoring, supervision • Confidence of HCWs and quality of care is directly linked to burden
Demand, Supplies	• Child TB not part of overall communication plans/IEC materials • Integrated supply systems



Lessons learnt from the case studies

- The case studies successfully initiated a dialogue between key health actors in both countries
- Collaboration and joint planning between the NTP and MCH/IMCI at national level set the scene for broader integration
- Case studies helped to get an initial understanding of the possible pathways of integration and main health systems requirements
- Both countries developed targeted action plans for key health actors

Moving forward – What we need

- **Leaders and champions, TB-MNCH coalitions**
  - raise visibility and advocate for increased policy attention and resources
- **Evidence**
  - Data
    - Global data for advocacy and resource mobilization
    - National and sub-national data for decision making
    - Research coalitions to address TB in the context of child health
    - Which interventions contribute to sustained impact rather than effectiveness
  - Costs
    - Economic: Investment case for childhood TB: What is the cost of NOT addressing TB in children?
    - Social and emotional – data and stories

Moving forward – Resources

The current funding environment contributes to fragmentation and verticalization

- Opportunity: Global Fund through National Strategic Plans, iCCM scale-up
- Tap into non-traditional funding sources: Global Financing facility
- USAID-UNICEF learning agenda TB-MNCH

Moving forward at country level

- Collaboration and coordination with all actors
- Clear roles and responsibilities, shared accountability
- Evidence – Data for decision making
- Milestones and benchmarks
- Clear, goal oriented priorities and guidance
  - Simple interventions
    (one question – one answer – one action)
  - Documentation

How can we as child TB stakeholders move this forward?

- Continue the dialogue to engage new actors
- Research – new coalitions
- Strengthen data and evidence
- IMCI review
- iCCM scale-up
- Global Fund: catalytic funding and upcoming round of funding: National Strategic plans

Thank you

Acknowledgements

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- USAID TB & MNCH teams (Troy Jacobs, Keri Lijinsky)
- Leena Patel
- Kechi Achebe, Save the Children
- All who participated in these discussions

#LOUDER THAN TB

EVERY BREATH COUNTS

weblinks:

1. Country case studies, New York meeting report: http://www.unicef.org/health/index_working_papers.html
2. LeaderNet Seminar: http://leadernet.org/seminars/

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